

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PALOS COMMUNITY HOSPITAL (14-0062) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2009 AND ENDING 12/31/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
		PART A	PART B		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	495224	142316		2
3	SWING BED - SNF	58170			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY		-1334		7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	553394	140982		100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 12251 S. 80TH AVENUE P.O.BOX: 1
 1.01 CITY: PALOS HEIGHTS STATE: IL ZIP CODE: 60463 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	PALOS COMMUNITY HOSPITAL	14-0062	07/01/1966	N	P	P	2
3	SUBPROVIDER I	PALOS COMMUNITY HOSPITAL PSYCH	14-S062	01/01/1984	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	PALOS COMMUNITY HOSPITAL HHA	14-7470	10/27/1987	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	PALOS COMMUNITY HOSPITAL HOSPICE	14-1591	06/06/1997				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2009 TO: 12/31/2009 17
 18 TYPE OF CONTROL 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 4 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. NO 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS). NO 21.07

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. NO 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES			40
40.01	NAME:	FI/CONTRACTOR'S NAME:		FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:			P.O. BOX:	40.02
40.03	CITY:			STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 2021168	PAID LOSSES: 553450	AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO	NO		60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	05/14/2010		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		10648	469	18917	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		10648	469	18917	12
13	RPCH VISITS					13
14	SUBPROVIDER I		287	20	1255	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	149906957		149906957	4870527.00	30.78		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	2257438		2257438	25075.00	90.03		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	15850545		15850545	534041.00	29.68		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	237854		237854	5867.00	40.54		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	451700		451700	4875.44	92.65		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	38028034		38028034			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	4662854		4662854			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	429758		429758			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1180949		1180949	38324.00	30.81		21
22	ADMINISTRATIVE & GENERAL	20674791		20674791	657655.00	31.44		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	394068		394068	1840.15	214.15		22.01
23	MAINTENANCE & REPAIRS	3011370		3011370	91319.00	32.98		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE	133905		133905	6269.00	21.36		25
26	HOUSEKEEPING	3103154		3103154	150974.00	20.55		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3561502	-1430804	2130698	99266.00	21.46		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		1430804	1430804	66647.00	21.47		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2152915		2152915	59988.00	35.89		30
31	CENTRAL SERVICES AND SUPPLY	2288129		2288129	104019.00	22.00		31
32	PHARMACY	4302494		4302494	106683.00	40.33		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2501343		2501343	103845.00	24.09		33
34	SOCIAL SERVICE	817864		817864	25011.00	32.70		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	148043587		148043587	4847292.15	30.54	1
2	EXCLUDED AREA SALARIES	15850545		15850545	534041.00	29.68	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	132193042		132193042	4313251.15	30.65	3
4	SUBTOTAL OTHER WAGES & REL COSTS	689554		689554	10742.44	64.19	4
5	SUBTOTAL WAGE-RELATED COSTS	38028034		38028034		28.77%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	170910630		170910630	4323993.59	39.53	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	44122484		44122484	1511840.15	29.18	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7470

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		11225		334	11559	1
2 UNDUPLICATED CENSUS COUNT		2777.00	46.00	674.00	3497.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	.80		.80	4
5 OTHER ADMINISTRATIVE PERSONNEL	39.45		39.45	5
6 DIRECT NURSING SERVICE	46.83		46.83	6
7 NURSING SUPERVISOR	3.06		3.06	7
8 PHYSICAL THERAPY SERVICE	15.31	.64	15.95	8
9 PHYSICAL THERAPY SUPERVISOR	1.26		1.26	9
10 OCCUPATIONAL THERAPY SERVICE	2.84	.01	2.85	10
11 OCCUPATIONAL THERAPY SUPERVISOR	.34		.34	11
12 SPEECH PATHOLOGY SERVICE	.79		.79	12
13 SPEECH PATHOLOGY SUPERVISOR	.34		.34	13
14 MEDICAL SOCIAL SERVICE	1.04		1.04	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	13.19		13.19	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 REGISTERED DIETICIAN	1.11		1.11	18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	1600		16974	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7470

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	38401	975	940	433		40749	21
22	SKILLED NURSING VISIT CHARGES	6851877	175998	167558	77312		7272745	22
23	PHYSICAL THERAPY VISITS	18890	93	147	269		19399	23
24	PHYSICAL THERAPY VISIT CHARGES	3682185	18135	28665	52455		3781440	24
25	OCCUPATIONAL THERAPY VISITS	3080	41	3	34		3158	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	600600	7995	585	6630		615810	26
27	SPEECH PATHOLOGY VISITS	1007	47	4			1058	27
28	SPEECH PATHOLOGY VISIT CHARGES	196365	9165	780			206310	28
29	MEDICAL SOCIAL SERVICE VISITS	506	13	7	11		537	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	144210	3705	1995	3135		153045	30
31	HOME HEALTH AIDE VISITS	10889	218	16	102		11225	31
32	HOME HEALTH AIDE VISIT CHARGES	1165123	23326	1712	10914		1201075	32
33	TOTAL VISITS	72773	1387	1117	849		76126	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	12640360	238324	201295	150446		13230425	35
36	TOTAL NUMBER OF EPISODES	3546		402	63		4011	36
37	TOTAL NUMBER OF OUTLIER EPISODES		25		1		26	37
38	TOTAL MEDICAL SUPPLY CHARGES	165058	28702	4804	1598		200162	38

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02
05/25/2010 10:56

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1591

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
1 CONTINUOUS HOME CARE	8					8 1
2 ROUTINE HOME CARE	28912	250	6404	183	487	29649 2
3 INPATIENT RESPITE CARE	42		10		1	43 3
4 GENERAL INPATIENT CARE	221		183	3	19	240 4
5 TOTAL HOSPICE DAYS	29183	250	6597	186	507	29940 5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	569	49			40	658 6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8 AVERAGE LENGTH OF STAY	51.29	5.10			12.68	45.50 8
9 UNDUPLICATED CENSUS COUNT	607	7			38	652 9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	3850390	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	3850390	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.262007	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	34282854	28
29	TOTAL GROSS MEDICAID COST	8982348	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	19519868	30
31	UNCOMPENSATED CARE COST	5114342	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	8982348	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
85.02 8520								85.02
85.03 8530								85.03
88 8800		3700344	3700344	-3700344				88
93 9300	2245652	1379575	3625227	5767	3630994	-169	3630825	93
95	148828266	148846172	297674438	-812858	296861580	-25059307	271802273	95
96 9600	94989	253799	348788		348788		348788	96
98 9800		101580	101580	778476	880056	-101580	778476	98
100 7950	206192	86195	292387	12240	304627		304627	100
100.01 7951								100.01
100.02 7952								100.02
100.05 7954								100.05
100.06 7955	701345	17608	718953	3845	722798		722798	100.06
100.07 7956	76165	1166	77331	18297	95628		95628	100.07
101	149906957	149306520	299213477		299213477	-25160887	274052590	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 INTEREST	A	NEW CAP REL COSTS-BLDG & FIXT	3		3700344 1
2	X				2
3 CHARGEABLE SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	55		3670771 3
4	X				4
5 SHARED NFS COST	C	CAFETERIA	12	1430804	584801 5
6	X				6
7 PCC DEPRECIATION	D	LABORATORY	44		4411 7
8	D	RADIOLOGY-DIAGNOSTIC	41		28540 8
9	D	PHYSICAL THERAPY	50		24666 9
10	D	ELECTROCARDIOLOGY	53		27183 10
11	D	PCC	61.01		153044 11
12	D	PHYSICIANS' PRIVATE OFFICES	98		249915 12
13	D	DIETARY	11		6730 13
14	D	PHYSICIAN REFERRAL CENTER	100.07		5874 14
15	D	OUTPATIENT PSYCH SERVICES	60.01		25856 15
16	D	NEW DIRECTION	100		3930 16
17	X				17
18 PCC OPERATING EXPENSES	E	LABORATORY	44		9080 18
19	E	RADIOLOGY-DIAGNOSTIC	41		58752 19
20	E	PHYSICAL THERAPY	50		50778 20
21	E	ELECTROCARDIOLOGY	53		55959 21
22	E	PCC	61.01		315059 22
23	E	PHYSICIANS' PRIVATE OFFICES	98		514480 23
24	E	DIETARY	11		13854 24
25	E	PHYSICIAN REFERRAL CENTER	100.07		12092 25
26	E	OUTPATIENT PSYCH SERVICES	60.01		53227 26
27	E	NEW DIRECTION	100		8089 27
28	X				28
29 INSURANCE EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		275364 29
30	X				30
31 PCC/LEMONT BUILDING INSURANCE	G	LABORATORY	44		249 31
32	G	RADIOLOGY-DIAGNOSTIC	41		1608 32
33	G	PHYSICAL THERAPY	50		1390 33
34	G	ELECTROCARDIOLOGY	53		1532 34
35	G	PCC	61.01		8623 35
36 SUBTOTAL				1430804	9866201 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 INTEREST	A	INTEREST EXPENSE	88		3700344	11 1
2	X					2
3 CHARGEABLE SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		3670771	3
4	X					4
5 SHARED NFS COST	C	DIETARY	11	1430804	584801	5
6	X					6
7 PCC DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		530149	9 7
8	D					8
9	D					9
10	D					10
11	D					11
12	D					12
13	D					13
14	D					14
15	D					15
16	D					16
17	X					17
18 PCC OPERATING EXPENSES	E	PCC	61.01		1091370	18
19	E					19
20	E					20
21	E					21
22	E					22
23	E					23
24	E					24
25	E					25
26	E					26
27	E					27
28	X					28
29 INSURANCE EXPENSE	F	ADMINISTRATIVE & GENERAL	6.06		275364	12 29
30	X					30
31 PCC/LEMONT BUILDING INSURANCE	G	NEW CAP REL COSTS-BLDG & FIXT	3		31729	12 31
32	G					32
33	G					33
34	G					34
35	G					35
36 SUBTOTAL				1430804	9884528	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		OTHER
	1	2	3	4	5	
1	G	PHYSICIANS' PRIVATE OFFICES	98		14081	1
2	G	DIETARY	11		379	2
3	G	PHYSICIAN REFERRAL CENTER	100.07		331	3
4	G	OUTPATIENT PSYCH SERVICES	60.01		1457	4
5	G	NEW DIRECTION	100		221	5
6	G	HOME HEALTH AGENCY	71		1393	6
7	G	HOSPICE	93		279	7
8	G	PRIVATE DUTY NURSING	100.06		186	8
9	X					9
10 CHARGEABLE DRUGS	H	DRUGS CHARGED TO PATIENTS	56		7267758	10
11	X					11
12 HHA DEPRECIATION	J	HOME HEALTH AGENCY	71		27441	12
13	J	HOSPICE	93		5488	13
14	J	PRIVATE DUTY NURSING	100.06		3659	14
15	X					15
16 ALLOCATE CV ADMINISTRATION	K	ADULTS & PEDIATRICS	25	204395	42400	16
17	K	OPERATING ROOM	37	83616	17346	17
18	K	CATH LAB	53.01	139360	28909	18
19	K	ELECTROCARDIOLOGY	53	37163	7709	19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1895338	17285238	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10	
		COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1	G				1	
2	G				2	
3	G				3	
4	G				4	
5	G				5	
6	G				6	
7	G				7	
8	G				8	
9	X				9	
10 CHARGEABLE DRUGS	H	PHARMACY	16		7267758	10
11	X					11
12 HHA DEPRECIATION	J	NEW CAP REL COSTS-BLDG & FIXT	3		36588	9 12
13	J					13
14	J					14
15	X					15
16 ALLOCATE CV ADMINISTRATION	K	CATH LAB	53.01	464534	96364	16
17	K					17
18	K					18
19	K					19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1895338	17285238	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	2882847					2882847		1
2 LAND IMPROVEMENTS	5901625	463813		463813		6365438	2659430	2
3 BUILDINGS AND FIXTURES	120350864	18767640		18767640		139118504	34253859	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	22122001	28668079		28668079		50790080		5
6 MOVABLE EQUIPMENT	128350591	7439518		7439518	1474662	134315447	68414428	6
7 SUBTOTAL	279607928	55339050		55339050	1474662	333472316	105327717	7
8 RECONCILING ITEMS	21708407	29081673		29081673		50790080		8
9 TOTAL	257899521	26257377		26257377	1474662	282682236	105327717	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	148366789		148366789	.444915				3
4 NEW CAP REL COSTS-MVBLE EQUIP	185105527		185105527	.555085				4
5 TOTAL	333472316		333472316	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	2909821			243635			3153456 3
4 NEW CAP REL COSTS-MVBLE EQUIP	8575283						8575283 4
5 TOTAL	11485104			243635			11728739 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	3541165						3541165 3
4 NEW CAP REL COSTS-MVBLE EQUIP	8585547						8585547 4
5 TOTAL	12126712						12126712 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	9 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-183180	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3770039			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-78878			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1004545	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	A	-50119	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-25620	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	-9605	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	37895	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 TV DEPRECIATION	A	-49074	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37
38 INTEREST EXPENSE	A	-3700344	NEW CAP REL COSTS-BLDG & FIXT	3	11 38
39 LIFELINE	B	-37	NEW CAP REL COSTS-MVBLE EQUIP	4	9 39
40 LIFELINE	B	-63813	ADMINISTRATIVE & GENERAL	6.06	40
41 MISCELLANEOUS INCOME	B	-304492	ADMINISTRATIVE & GENERAL	6.06	41
42 MISCELLANEOUS INCOME	B	-50470	NURSING ADMINISTRATION	14	42
42.01 DISCOUNTS	B	-33927	ADMINISTRATIVE & GENERAL	6.06	42.01
42.04 SELF INSURANCE FUND INCOME	B	-887991	ADMINISTRATIVE & GENERAL	6.06	42.04
42.06 VISITOR MEAL COST	A	-23396	DIETARY	11	42.06
42.15 AMORT OF CAPITALIZED INTEREST	A	-20417	NEW CAP REL COSTS-BLDG & FIXT	3	9 42.15
42.18 1987 ASSET LIFE ADJUSTMENT	A	-33771	NEW CAP REL COSTS-BLDG & FIXT	3	9 42.18
43 PHYSICIANS OFFSET	A	-1001250	ADMINISTRATIVE & GENERAL	6.06	43
43.01 PHYSICIANS OFFSET - FICA	A	-68826	EMPLOYEE BENEFITS	5	43.01
43.05 AHA/IHA LOBBYING EXPENSE	A	-38262	ADMINISTRATIVE & GENERAL	6.06	43.05
43.10 NAHC LOBBYING EXPENSE	A	-518	HOME HEALTH AGENCY	71	43.10
43.15 NHPCO LOBBYING EXPENSE	A	-169	HOSPICE	93	43.15
43.20 CABLE TV	A	-1916	ADMINISTRATIVE & GENERAL	6.06	43.20
43.25 CABLE TV	A	-1041	ELECTROCARDIOLOGY	53	43.25
43.30 CONVENT DEPRECIATION	A	-2840	NEW CAP REL COSTS-BLDG & FIXT	3	9 43.30
43.35 MISC NON-ALLOWABLE EXPENSE	A	-13657	ADMINISTRATIVE & GENERAL	6.06	43.35
43.40 REAL ESTATE TAXES	A	-64667	ADMINISTRATIVE & GENERAL	6.06	43.40
43.45 REAL ESTATE TAXES	A	-101580	PHYSICIANS' PRIVATE OFFICES	98	43.45
43.50 REAL ESTATE TAXES	A	-488231	PCC	61.01	43.50
43.55 1989 ASSET LIFE ADJUSTMENT	A	952	NEW CAP REL COSTS-MVBLE EQUIP	4	9 43.55
43.60 FUNDRAISING DONATIONS	A	-10000	ADMINISTRATIVE & GENERAL	6.06	43.60
43.65 ADVERTISING EXPENSE	A	-789929	ADMINISTRATIVE & GENERAL	6.06	43.65
43.70 1990 ASSET LIFE CORRECTION	A	2026	NEW CAP REL COSTS-BLDG & FIXT	3	9 43.70
43.80 NON-ALLOWABLE EXPENSE - LIQ	A	-2382	ADMINISTRATIVE & GENERAL	6.06	43.80
44 PHP TRANSPORTATION	A	-1201	OUTPATIENT PSYCH SERVICES	60.01	44
45 PHYSICIAN BILLING	A	-17235	ADMINISTRATIVE & GENERAL	6.06	45

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
46 FALL GALA	A	-135675	ADMINISTRATIVE & GENERAL	6.06	46
47 BAD DEBT EXPENSE	A	-12172663	ADMINISTRATIVE & GENERAL	6.06	47
48					48
49					49
50 TOTAL		-25160887			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	41	RADIOLOGY-DIAGNOSTIC				
2		MRI PROCEDURES	289140	368018	-78878	1
3						2
4						3
5	TOTALS		289140	368018	-78878	4
						5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
B			SOUTHWEST HOSPITALS MRI		DIAGNOSTIC TESTING	1	
						2	
						3	
						4	
						5	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	31	SUBPROVIDER I	PSYCHIATRY			157000	154100	1024	3793
2	26	INTENSIVE CARE UNIT	ICU			31800	177200	384	1636
3	25	ADULTS & PEDIATRICS	NEONATAL	225000	225000				
4	44	LABORATORY	LABORATORY	75000		75000	215700	2736	14186
5	49	RESPIRATORY THERAPY	RESP. THERAPY	50400		50400	177200	299	1274
6	50	PHYSICAL THERAPY	PHYSICAL THERAPY	148000		148000	177200	1002	4268
7	61.01	PCC	PCC	2257438	2257438				
8	56.02	PULMONARY FUNCTION	PULMONARY	6000	6000				
9	54	ELECTROENCEPHALOGRAPHY	SLEEP LAB	4000	4000				
10	40	ANESTHESIOLOGY	ANESTHESIOLOGY	200000	200000				
11	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTI						
12	53	ELECTROCARDIOLOGY	CARDIAC REHAB	1250	1250				
13	37	OPERATING ROOM	CVOR	800000	800000				
14	25	ADULTS & PEDIATRICS	CV ADMIN	58500		58500	177200	165	703
15	25	ADULTS & PEDIATRICS	CVU	33000		33000	177200	110	469
16	53.01	CATH LAB	CATH LAB	25000		25000	177200	110	469
17	6.06	ADMINISTRATIVE & GENERAL	INFECTION CONTROL	30000		30000	177200	71	302
101		TOTAL		4102388	3493688	608700		5901	27100

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	31	SUBPROVIDER I			PSYCHIATRY		75865	81135	81135
2	26	INTENSIVE CARE UNIT			ICU		32714		
3	25	ADULTS & PEDIATRICS			NEONATAL				225000
4	44	LABORATORY			LABORATORY		283729		
5	49	RESPIRATORY THERAPY			RESP. THERAPY		25473	24927	24927
6	50	PHYSICAL THERAPY			PHYSICAL THERAPY		85363	62637	62637
7	61.01	PCC			PCC				2257438
8	56.02	PULMONARY FUNCTION			PULMONARY				6000
9	54	ELECTROENCEPHALOGRAPHY			SLEEP LAB				4000
10	40	ANESTHESIOLOGY			ANESTHESIOLOGY				200000
11	41	RADIOLOGY-DIAGNOSTIC			RADIOLOGY DIAGNOSTI				
12	53	ELECTROCARDIOLOGY			CARDIAC REHAB				1250
13	37	OPERATING ROOM			CVOR				800000
14	25	ADULTS & PEDIATRICS			CV ADMIN		14057	44443	44443
15	25	ADULTS & PEDIATRICS			CVU		9371	23629	23629
16	53.01	CATH LAB			CATH LAB		9371	15629	15629
17	6.06	ADMINISTRATIVE & GENERAL			INFECTION CONTROL		6049	23951	23951
101		TOTAL					541992	276351	3770039

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	COMMUNI- CATIONS 6.01	PROCESSING 6.02	PURCH & STORES 6.03	ADMITTING 6.04	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	3630825		286	703125			5790		93
95 SUBTOTALS	271802273	3056745	8574164	43650751	854342	8639358	892109	3849182	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	348788	12547		38007			45		96
98 PHYSICIANS' PRIVATE OFFICES	778476	84164	396		31925				98
100 NEW DIRECTION	304627		180	76014			3674		100
100.01HOME DELIVERED MEALS									100.01
100.02PHP MEALS									100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO									100.05
100.06PRIVATE DUTY NURSING	722798			380068			1113		100.06
100.07PHYSICIAN REFERRAL CENTER	95628		543	38007			1314		100.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	274052590	3153456	8575283	44182847	886267	8639358	898255	3849182	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING	SUBTOTAL	ADMINIS- TRATIVE + GENERAL	MAIN- TENANCE + REPAIRS	CLINICAL ENGINEER	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	6.05	5A	6.06	7	7.01	9	10	11	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE		4340026	493652						93
95 SUBTOTALS	5575276	271134276	27656456	8914792	996150	1883176	5633872	5310726	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		399387	45428	62667					96
98 PHYSICIANS' PRIVATE OFFICES		894961	101796	420352			151191		98
100 NEW DIRECTION		384495	43734		122				100
100.01HOME DELIVERED MEALS									100.01
100.02PHP MEALS									100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO									100.05
100.06PRIVATE DUTY NURSING		1103979	125571						100.06
100.07PHYSICIAN REFERRAL CENTER		135492	15411						100.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5575276	274052590	27988396	9397811	996272	1883176	5785063	5310726	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE			5508	408050			5247236	93
95 SUBTOTALS	1975576	3814328	6749390	7712009	5358276	1329867	270165410	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	2566		12				510060	96
98 PHYSICIANS' PRIVATE OFFICES							1568300	98
100 NEW DIRECTION			16				428367	100
100.01HOME DELIVERED MEALS								100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO								100.05
100.06PRIVATE DUTY NURSING							1229550	100.06
100.07PHYSICIAN REFERRAL CENTER							150903	100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1978142	3814328	6749418	7712009	5358276	1329867	274052590	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	COMMUNICATIONS		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCHASING & STORES		6.03
6.04	ADMITTING		6.04
6.05	CASHIERING		6.05
6.06	ADMINISTRATIVE & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
7.01	CLINICAL ENGINEERING		7.01
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	77712634	25
26	INTENSIVE CARE UNIT	9635478	26
31	SUBPROVIDER I	8471569	31
33	NURSERY		33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	35850203	37
38	RECOVERY ROOM	2779439	38
40	ANESTHESIOLOGY	1086890	40
41	RADIOLOGY-DIAGNOSTIC	13717972	41
41.01	ULTRASOUND	2280991	41.01
41.02	CT SCAN	4480327	41.02
41.03	MRI	273547	41.03
44	LABORATORY	17772112	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	3540157	47
48	INTRAVENOUS THERAPY	2500776	48
49	RESPIRATORY THERAPY	4609788	49
50	PHYSICAL THERAPY	7359269	50
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY	267441	52
53	ELECTROCARDIOLOGY	5073586	53
53.01	CATH LAB	8659634	53.01
54	ELECTROENCEPHALOGRAPHY	265364	54
55	MEDICAL SUPPLIES CHARGED TO PAT	6121299	55
56	DRUGS CHARGED TO PATIENTS	15131276	56
56.01	EMG	300611	56.01
56.02	PULMONARY FUNCTION	186537	56.02
56.03	ANGIOGRAPHY	1152185	56.03
57	RENAL DIALYSIS	576099	57
OUTPATIENT SERVICE COST CENTERS			
60.01	OUTPATIENT PSYCH SERVICES	1867780	60.01
61	EMERGENCY	13560132	61
61.01	PCC	6178823	61.01
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	13506255	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
93 HOSPICE	5247236	93
95 SUBTOTALS	270165410	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	510060	96
98 PHYSICIANS' PRIVATE OFFICES	1568300	98
100 NEW DIRECTION	428367	100
100.01HOME DELIVERED MEALS		100.01
100.02PHP MEALS		100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO		100.05
100.06PRIVATE DUTY NURSING	1229550	100.06
100.07PHYSICIAN REFERRAL CENTER	150903	100.07
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	274052590	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNI-	PURCH &	
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	CATIONS 6.01	PROCESSING 6.02	STORES 6.03
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	326169		286	326455	395			412 93
95 SUBTOTALS	656578	3056745	8574164	12287487	24501	27653	2511259	63454 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		12547		12547	21			3 96
98 PHYSICIANS' PRIVATE OFFICES		84164	396	84560		1033		98
100 NEW DIRECTION			180	180	43			261 100
100.01HOME DELIVERED MEALS								100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO								100.05
100.06PRIVATE DUTY NURSING					213			79 100.06
100.07PHYSICIAN REFERRAL CENTER			543	543	21			93 100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	656578	3153456	8575283	12385317	24799	28686	2511259	63890 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	ADMINIS- TRATIVE + GENERAL	MAIN- TENANCE + REPAIRS	CLINICAL ENGINEER	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	6.04	6.05	6.06	7	7.01	9	10	11	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE			29820						93
95 SUBTOTALS	71934	280620	1670770	1386842	37324	68722	69179	256024	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			2744	9749					96
98 PHYSICIANS' PRIVATE OFFICES			6149	65393			1857		98
100 NEW DIRECTION			2642		5				100
100.01HOME DELIVERED MEALS									100.01
100.02PHP MEALS									100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO									100.05
100.06PRIVATE DUTY NURSING			7585						100.06
100.07PHYSICIAN REFERRAL CENTER			931						100.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	71934	280620	1690821	1461984	37329	68722	71036	256024	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE			628	13109			370819	93
95 SUBTOTALS	93010	199646	769830	247757	209149	34422	12188541	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	121		1				25186	96
98 PHYSICIANS' PRIVATE OFFICES							158992	98
100 NEW DIRECTION			2				3133	100
100.01HOME DELIVERED MEALS								100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO								100.05
100.06PRIVATE DUTY NURSING							7877	100.06
100.07PHYSICIAN REFERRAL CENTER							1588	100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	93131	199646	769833	247757	209149	34422	12385317	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	COMMUNICATIONS		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCHASING & STORES		6.03
6.04	ADMITTING		6.04
6.05	CASHIERING		6.05
6.06	ADMINISTRATIVE & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
7.01	CLINICAL ENGINEERING		7.01
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	2894511	25
26	INTENSIVE CARE UNIT	313890	26
31	SUBPROVIDER I	293747	31
33	NURSERY		33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	1552257	37
38	RECOVERY ROOM	97861	38
40	ANESTHESIOLOGY	144792	40
41	RADIOLOGY-DIAGNOSTIC	1560515	41
41.01	ULTRASOUND	212291	41.01
41.02	CT SCAN	800741	41.02
41.03	MRI	98168	41.03
44	LABORATORY	715045	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	62679	47
48	INTRAVENOUS THERAPY	45474	48
49	RESPIRATORY THERAPY	230628	49
50	PHYSICAL THERAPY	258214	50
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY	3785	52
53	ELECTROCARDIOLOGY	296594	53
53.01	CATH LAB	458981	53.01
54	ELECTROENCEPHALOGRAPHY	14854	54
55	MEDICAL SUPPLIES CHARGED TO PAT	257104	55
56	DRUGS CHARGED TO PATIENTS	276002	56
56.01	EMG	7246	56.01
56.02	PULMONARY FUNCTION	12848	56.02
56.03	ANGIOGRAPHY	121723	56.03
57	RENAL DIALYSIS	15052	57
OUTPATIENT SERVICE COST CENTERS			
60.01	OUTPATIENT PSYCH SERVICES	21388	60.01
61	EMERGENCY	603051	61
61.01	PCC	216061	61.01
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	232220	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
93 HOSPICE	370819	93
95 SUBTOTALS	12188541	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	25186	96
98 PHYSICIANS' PRIVATE OFFICES	158992	98
100 NEW DIRECTION	3133	100
100.01HOME DELIVERED MEALS		100.01
100.02PHP MEALS		100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO		100.05
100.06PRIVATE DUTY NURSING	7877	100.06
100.07PHYSICIAN REFERRAL CENTER	1588	100.07
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	12385317	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	COMMUNI-	PROCESSING	PURCH &	ADMITTING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS FTE\$	CATIONS # OF PHONES		STORES # OF REQUISIT.		
	3	4	5	6.01	6.02	6.03	6.04	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	591621							3
4 NEW CAP REL COSTS-MVBLE EQUIP		8623443						4
5 EMPLOYEE BENEFITS	3078	8440	2325					5
6.01 COMMUNICATIONS	1540	20474	11	1277				6.01
6.02 DATA PROCESSING	8708	2476326	41	85	2742			6.02
6.03 PURCHASING & STORES	1813	13617	9	13	44	40336		6.03
6.04 ADMITTING	1592	4280	56	57	62	336	561012299	6.04
6.05 CASHIERING	9955	23466	49	56	220	603		6.05
6.06 ADMINISTRATIVE & GENERAL	76551	476382	150	152	755	2831		6.06
7 MAINTENANCE & REPAIRS	135367	675648	38	44		3820		7
7.01 CLINICAL ENGINEERING	1251	16430	8	3	3	190		7.01
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	5920	1436	3	3		301		9
10 HOUSEKEEPING	1660	16561	73	8		572		10
11 DIETARY	13377	58476	60	30	37	360	531	11
12 CAFETERIA	8538		20	9		117		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	3404	3818	29	24	149	492		14
15 CENTRAL SERVICES & SUPPLY	20712	408422	50	22	14	3942	22777744	15
16 PHARMACY	4009	78136	51	16	49	426	41955260	16
17 MEDICAL RECORDS & LIBRARY	7362	10276	50	38	100	419		17
18 SOCIAL SERVICE	1549	423	12	14		91		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS								24
25 ADULTS & PEDIATRICS	119827	184569	556	148	531	1344	109455372	25
26 INTENSIVE CARE UNIT	9625	101912	71	20		175	12722980	26
31 SUBPROVIDER I	19159	14881	66	37		487	9833328	31
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	32298	594244	117	119	89	5299	81571927	37
38 RECOVERY ROOM	3613	32803	21	10		152	5324091	38
40 ANESTHESIOLOGY	905	103079		7		380	13356900	40
41 RADIOLOGY-DIAGNOSTIC	16458	1217849	86	89	71	1538	19769090	41
41.01 ULTRASOUND	1535	175440	15	2		160	7949172	41.01
41.02 CT SCAN	1994	708444	16	6		100	33888371	41.02
41.03 MRI	1697	80724	1			53	299754	41.03
44 LABORATORY	12383	277663	98	37	88	6571	86308246	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	791	28153	8	3		238	5872359	47
48 INTRAVENOUS THERAPY	737	5184	18	4		41	1120908	48
49 RESPIRATORY THERAPY	1547	96639	31	12	35	344	26876144	49
50 PHYSICAL THERAPY	12879	25926	66	52	22	1485	6179436	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1410	2			14	932147	52
53 ELECTROCARDIOLOGY	4160	180814	42	26	22	523	21982077	53
53.01 CATH LAB	11981	228165	24			2521	23497847	53.01
54 ELECTROENCEPHALOGRAPHY	472	2402	2	2		22	647898	54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
56.01 EMG	147	3156	4	9		91	176785	56.01
56.02 PULMONARY FUNCTION	139	10065	2			16	254584	56.02
56.03 ANGIOGRAPHY	1201	97034	3			555	4166835	56.03
57 RENAL DIALYSIS	819	2967		2		54	1246900	57
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES		3685	17			273	1048	60.01
61 EMERGENCY	12282	48962	97	68	300	574	22739229	61
61.01 PCC		61052	61		44	1116	105336	61.01
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	442	42197	126	4	96	1174		71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS FTES	COMMUNI- CATIONS # OF PHONES	PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.	ADMITTING I/P REVENUES	
	3	4	5	6.01	6.02	6.03	6.04	
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE		288	37			260		93
95 SUBTOTALS	573477	8622318	2297	1231	2742	40060	561012299	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2354		2			2		96
98 PHYSICIANS' PRIVATE OFFICES	15790	398		46				98
100 NEW DIRECTION		181	4			165		100
100.01 HOME DELIVERED MEALS								100.01
100.02 PHP MEALS								100.02
100.05 RESIDENCE/ST. GEORGE CORPORAT								100.05
100.06 PRIVATE DUTY NURSING			20			50		100.06
100.07 PHYSICIAN REFERRAL CENTER		546	2			59		100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3153456	8575283	44182847	886267	8639358	898255	3849182	103
104 UNIT COST MULT-WS B PT I		.994415		694.022709		22.269313		104
104 UNIT COST MULT-WS B PT I	5.330196		19003.375054		3150.750547		.006861	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			24799	28686	2511259	63890	71934	107
108 UNIT COST MULT-WS B PT III				22.463587		1.583945		108
108 UNIT COST MULT-WS B PT III			10.666237		915.849380		.000128	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING	RECON-	ADMINIS-	MAIN-	CLINICAL	LAUNDRY	HOUSE-	DIETARY
	I/P	CILIATION	TRATIVE +	TENANCE +	ENGINEER	& LINEN	KEEPING	
	REVENUES		GENERAL	REPAIRS	TIME	SERVICE	TIME	MEALS
	6.05	6A.06	ACCUM	SQUARE	SPENT	POUNDS OF	SPENT	SERVED
			COST	FEET		LAUNDRY		
			6.06	7	7.01	9	10	11
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04								6.04
6.05								6.05
6.06	561012299							6.06
7		-27988396	246064194					7
7.01			8438035	353017				7.01
8			864623	1251	8150			8
9						2304798		9
10			1549348	5920		61776	6181435	10
11	531		5108371	1660	8	913	70500	273155
12			4388588	13377	1		150600	12
13			1445489	8538				13
14					182		57345	14
15	22777744		3241850	3404	1211	1825	143880	15
16	41955260		5252296	20712		913	86250	16
17			6620355	4009			57960	17
18			4522379	7362			12660	18
20			1132419	1549				20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	109455372		53163817	119827	1322	1213810	2641520	233778
26	12722980		7081155	9625	173	158411	267500	17725
31	9833328		6135977	19159	45	41519	228600	18718
33								33
ANCILLARY SERVICE COST CENTERS								
37	81571927		27527536	32298	1056	161147	771510	37
38	5324091		2122457	3613	91	144996	75120	38
40	13356900		750446	905	394		29255	40
41	19769090		11091056	16458	1239	127568	264325	41
41.01	7949172		1926500	1535	109			41.01
41.02	33888371		3690502	1994	23			41.02
41.03	299754		201754	1697	19			41.03
44	86308246		14524157	12383	251		160780	44
46.30								46.30
47	5872359		3138637	791	62			47
48	1120908		2027892	737	2		11430	48
49	26876144		3780013	1547	420		36210	49
50	6179436		5975084	12879	261	55115	121920	50
51								51
52	932147		237824					52
53	21982077		4225424	4160	440	17977	47640	53
53.01	23497847		6884543	11981	307	54020	98600	53.01
54	647898		217064	472	23	1278		54
55			3670771					55
56			7267758					56
56.01	176785		257884	147	24			56.01
56.02	254584		161170	139				56.02
56.03	4166835		969411	1201	41			56.03
57	1246900		497358	819	3			57
OUTPATIENT SERVICE COST CENTERS								
60.01	1048		1562987		1			2934
61	22739229		10013576	12282	295	220004	686280	60.01
61.01	105336		5121814		136	43526		61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71			12017534	442	10			71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING	RECON-	ADMINIS-	MAIN-	CLINICAL	LAUNDRY	HOUSE-	DIETARY
	I/P	CILIATION	TRATIVE +	TENANCE +	ENGINEER	& LINEN	KEEPING	
	REVENUES	ACCUM	GENERAL	REPAIRS	TIME	SERVICE	TIME	MEALS
	6.05	6A.06	COST	SQUARE	SPENT	POUNDS OF	SPENT	SERVED
			6.06	FEET	7	LAUNDRY	9	10
					7.01		10	11
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE			4340026					93
95 SUBTOTALS	561012299	-27988396	243145880	334873	8149	2304798	6019885	273155 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			399387	2354				96
98 PHYSICIANS' PRIVATE OFFICES			894961	15790			161550	98
100 NEW DIRECTION			384495		1			100
100.01 HOME DELIVERED MEALS								100.01
100.02 PHP MEALS								100.02
100.05 RESIDENCE/ST. GEORGE CORPORAT								100.05
100.06 PRIVATE DUTY NURSING			1103979					100.06
100.07 PHYSICIAN REFERRAL CENTER			135492					100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	5575276		27988396	9397811	996272	1883176	5785063	5310726 103
104 UNIT COST MULT-WS B PT I	.009938		.113744		122.241963		.935877	
104 UNIT COST MULT-WS B PT I				26.621412		.817068		19.442170 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	280620		1690821	1461984	37329	68722	71036	256024 107
108 UNIT COST MULT-WS B PT III	.000500		.006871		4.580245		.011492	
108 UNIT COST MULT-WS B PT III				4.141398		.029817		.937285 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	FTES	ADMINIS- TRATION FTES	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	SERVICE TIME SPENT	
	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6.01							6.01
6.02							6.02
6.03							6.03
6.04							6.04
6.05							6.05
6.06							6.06
7							7
7.01							7.01
8							8
9							9
10							10
11							11
12	1542						12
13							13
14	29	987					14
15	50		10475594				15
16	51		131946	7239938			16
17	50		10897	104	1358		17
18	12		253			990	18
20							20
21							21
22							22
23							23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25	556	556	839759	14462	650	862	25
26	71	71	113404	3047	59	54	26
31	66	66	19364	284	40		31
33							33
ANCILLARY SERVICE COST CENTERS							
37	117	117	3409414	5187	138		37
38	21	21	17421	153			38
40			235026	23			40
41	86		98706	20093	58		41
41.01	15		16220	176	13		41.01
41.02	16		367104	1754	14		41.02
41.03	1		64	20			41.03
44	98		587668	696	147		44
46.30							46.30
47	8		8721				47
48	18	18	183062	997			48
49	31		113824	143082	2		49
50	66		40594	609	15		50
51							51
52	2						52
53	42		70467	992	11		53
53.01	24	24	564129	11374			53.01
54	2		1051		1		54
55			3155368				55
56				6606111			56
56.01	4		852	814			56.01
56.02	2		1193				56.02
56.03	3		43197	3609			56.03
57							57
OUTPATIENT SERVICE COST CENTERS							
60.01		17	317		1		60.01
61	97	97	177474	7849	127	74	61
61.01			94609	35430	82		61.01
62							62
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10							69.10
69.20							69.20
69.30							69.30
69.40							69.40
71	2		164898				71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	FTE	ADMINIS- TRATION FTE	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	SERVICE TIME SPENT	
	12	14	15	16	17	18	
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE			8549	383072			93
95 SUBTOTALS	1540	987	10475551	7239938	1358	990	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	2		18				96
98 PHYSICIANS' PRIVATE OFFICES							98
100 NEW DIRECTION			25				100
100.01 HOME DELIVERED MEALS							100.01
100.02 PHP MEALS							100.02
100.05 RESIDENCE/ST. GEORGE CORPORAT							100.05
100.06 PRIVATE DUTY NURSING							100.06
100.07 PHYSICIAN REFERRAL CENTER							100.07
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1978142	3814328	6749418	7712009	5358276	1329867	103
104 UNIT COST MULT-WS B PT I	1282.841764		.644299		3945.711340		104
104 UNIT COST MULT-WS B PT I		3864.567376		1.065204		1343.300000	104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III	93131	199646	769833	247757	209149	34422	107
108 UNIT COST MULT-WS B PT III	60.396239		.073488		154.012518		108
108 UNIT COST MULT-WS B PT III		202.275583		.034221		34.769697	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	77712634		77712634	68072	77780706	25
26 INTENSIVE CARE UNIT	9635478		9635478		9635478	26
31 SUBPROVIDER I	8471569		8471569	81135	8552704	31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	35850203		35850203		35850203	37
38 RECOVERY ROOM	2779439		2779439		2779439	38
40 ANESTHESIOLOGY	1086890		1086890		1086890	40
41 RADIOLOGY-DIAGNOSTIC	13717972		13717972		13717972	41
41.01 ULTRASOUND	2280991		2280991		2280991	41.01
41.02 CT SCAN	4480327		4480327		4480327	41.02
41.03 MRI	273547		273547		273547	41.03
44 LABORATORY	17772112		17772112		17772112	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	3540157		3540157		3540157	47
48 INTRAVENOUS THERAPY	2500776		2500776		2500776	48
49 RESPIRATORY THERAPY	4609788		4609788	24927	4634715	49
50 PHYSICAL THERAPY	7359269		7359269	62637	7421906	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	267441		267441		267441	52
53 ELECTROCARDIOLOGY	5073586		5073586		5073586	53
53.01 CATH LAB	8659634		8659634	15629	8675263	53.01
54 ELECTROENCEPHALOGRAPHY	265364		265364		265364	54
55 MEDICAL SUPPLIES CHARGED TO	6121299		6121299		6121299	55
56 DRUGS CHARGED TO PATIENTS	15131276		15131276		15131276	56
56.01 EMG	300611		300611		300611	56.01
56.02 PULMONARY FUNCTION	186537		186537		186537	56.02
56.03 ANGIOGRAPHY	1152185		1152185		1152185	56.03
57 RENAL DIALYSIS	576099		576099		576099	57
OUTPATIENT SERVICE COST CENTERS						
60.01 OUTPATIENT PSYCH SERVICES	1867780		1867780		1867780	60.01
61 EMERGENCY	13560132		13560132		13560132	61
61.01 PCC	6178823		6178823		6178823	61.01
62 OBSERVATION BEDS (NON-DISTI	3590815		3590815		3590815	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	255002734		255002734	252400	255255134	101
102 LESS OBSERVATION BEDS	3590815		3590815		3590815	102
103 TOTAL	251411919		251411919	252400	251664319	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	108193066		108193066			25
26 INTENSIVE CARE UNIT	12722980		12722980			26
31 SUBPROVIDER I	9832184		9832184			31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	81571927	73473409	155045336	.231224	.231224	.231224 37
38 RECOVERY ROOM	5324091	3665264	8989355	.309192	.309192	.309192 38
40 ANESTHESIOLOGY	13356900	8498146	21855046	.049732	.049732	.049732 40
41 RADIOLOGY-DIAGNOSTIC	19769090	38825345	58594435	.234117	.234117	.234117 41
41.01 ULTRASOUND	7949172	14529872	22479044	.101472	.101472	.101472 41.01
41.02 CT SCAN	33888371	59238830	93127201	.048110	.048110	.048110 41.02
41.03 MRI	299754	205133	504887	.541798	.541798	.541798 41.03
44 LABORATORY	86308246	81918938	168227184	.105644	.105644	.105644 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	5872359	1623317	7495676	.472293	.472293	.472293 47
48 INTRAVENOUS THERAPY	1120908	2052289	3173197	.788094	.788094	.788094 48
49 RESPIRATORY THERAPY	26876144	2359105	29235249	.157679	.157679	.158532 49
50 PHYSICAL THERAPY	6179436	13720973	19900409	.369805	.369805	.372952 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	932147	226508	1158655	.230820	.230820	.230820 52
53 ELECTROCARDIOLOGY	21982077	17186039	39168116	.129534	.129534	.129534 53
53.01 CATH LAB	23497847	7865506	31363353	.276107	.276107	.276605 53.01
54 ELECTROENCEPHALOGRAPHY	647898	501229	1149127	.230927	.230927	.230927 54
55 MEDICAL SUPPLIES CHARGED TO	22786790	8714679	31501469	.194318	.194318	.194318 55
56 DRUGS CHARGED TO PATIENTS	41955260	5923085	47878345	.316036	.316036	.316036 56
56.01 EMG	176785	1293323	1470108	.204482	.204482	.204482 56.01
56.02 PULMONARY FUNCTION	254584	1196425	1451009	.128557	.128557	.128557 56.02
56.03 ANGIOGRAPHY	4166835	896385	5063220	.227560	.227560	.227560 56.03
57 RENAL DIALYSIS	1246900	8325	1255225	.458961	.458961	.458961 57
OUTPATIENT SERVICE COST CENTERS						
60.01 OUTPATIENT PSYCH SERVICES	1064	2927248	2928312	.637835	.637835	.637835 60.01
61 EMERGENCY	22739229	38308461	61047690	.222124	.222124	.222124 61
61.01 PCC	96290	8531331	8627621	.716168	.716168	.716168 61.01
62 OBSERVATION BEDS (NON-DISTI	1263450	4860192	6123642	.586386	.586386	.586386 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	561011784	398549357	959561141			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	561011784	398549357	959561141			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2894511		2894511
26 INTENSIVE CARE UNIT				313890		313890
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				293747		293747
33 NURSERY						
101 TOTAL				3502148		3502148

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	77806	48686			37.20	1811119
26 INTENSIVE CARE UNIT	5627	4572			55.78	255026
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5942	2044			49.44	101055
33 NURSERY	3132					
101 TOTAL	92507	55302				2167200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1552257	155045336	43875425			.010012	439281 37
38 RECOVERY ROOM		97861	8989355	2808725			.010886	30576 38
40 ANESTHESIOLOGY		144792	21855046	6456083			.006625	42772 40
41 RADIOLOGY-DIAGNOSTIC		1560515	58594435	13964624			.026632	371906 41
41.01 ULTRASOUND		212291	22479044	5255906			.009444	49637 41.01
41.02 CT SCAN		800741	93127201	20785231			.008598	178711 41.02
41.03 MRI		98168	504887	165522			.194436	32183 41.03
44 LABORATORY		715045	168227184	56115428			.004250	238491 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		62679	7495676	4006603			.008362	33503 47
48 INTRAVENOUS THERAPY		45474	3173197	818953			.014331	11736 48
49 RESPIRATORY THERAPY		230628	29235249	19757381			.007889	155866 49
50 PHYSICAL THERAPY		258214	19900409	4894613			.012975	63508 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		3785	1158655	831360			.003267	2716 52
53 ELECTROCARDIOLOGY		296594	39168116	15308587			.007572	115917 53
53.01 CATH LAB		458981	31363353	13615859			.014634	199254 53.01
54 ELECTROENCEPHALOGRAPHY		14854	1149127	435644			.012926	5631 54
55 MEDICAL SUPPLIES CHARGED TO P		257104	31501469	13670691			.008162	111580 55
56 DRUGS CHARGED TO PATIENTS		276002	47878345	26919256			.005765	155190 56
56.01 EMG		7246	1470108	114620			.004929	565 56.01
56.02 PULMONARY FUNCTION		12848	1451009	148092			.008855	1311 56.02
56.03 ANGIOGRAPHY		121723	5063220	3226826			.024041	77576 56.03
57 RENAL DIALYSIS		15052	1255225	1004341			.011991	12043 57
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES		21388	2928312	1064			.007304	8 60.01
61 EMERGENCY		603051	61047690	13552598			.009878	133873 61
61.01 PCC		216061	8627621	95589			.025043	2394 61.01
62 OBSERVATION BEDS (NON-DISTINC		133629	6123642	531406			.021822	11596 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8216983	828812911	268360427				2477824 101

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02
 05/25/2010 10:56

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					77806		48686	25
26 INTENSIVE CARE UNIT					5627		4572	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					5942		2044	31
33 NURSERY					3132			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					92507		55302	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
41.03 MRI							41.03
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		155045336			43875425		25916621 37
38 RECOVERY ROOM		8989355			2808725		969838 38
40 ANESTHESIOLOGY		21855046			6456083		2672393 40
41 RADIOLOGY-DIAGNOSTIC		58594435			13964624		11032086 41
41.01 ULTRASOUND		22479044			5255906		4747291 41.01
41.02 CT SCAN		93127201			20785231		17003856 41.02
41.03 MRI		504887			165522		58073 41.03
44 LABORATORY		168227184			56115428		4486336 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7495676			4006603		886676 47
48 INTRAVENOUS THERAPY		3173197			818953		956685 48
49 RESPIRATORY THERAPY		29235249			19757381		876635 49
50 PHYSICAL THERAPY		19900409			4894613		1227115 50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1158655			831360		16912 52
53 ELECTROCARDIOLOGY		39168116			15308587		6494366 53
53.01 CATH LAB		31363353			13615859		4352610 53.01
54 ELECTROENCEPHALOGRAPHY		1149127			435644		223714 54
55 MEDICAL SUPPLIES CHARGED TO P		31501469			13670691		1940068 55
56 DRUGS CHARGED TO PATIENTS		47878345			26919256		2196742 56
56.01 EMG		1470108			114620		650542 56.01
56.02 PULMONARY FUNCTION		1451009			148092		551081 56.02
56.03 ANGIOGRAPHY		5063220			3226826		609575 56.03
57 RENAL DIALYSIS		1255225			1004341		6235 57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		2928312			1064		90664 60.01
61 EMERGENCY		61047690			13552598		984035 61
61.01 PCC		8627621			95589		1174129 61.01
62 OBSERVATION BEDS (NON-DISTINC		6123642			531406		1157052 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		828812911			268360427		91281330 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0062) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.231224	.231224	.231224				37
38 RECOVERY ROOM	.309192	.309192	.309192				38
40 ANESTHESIOLOGY	.049732	.049732	.049732				40
41 RADIOLOGY-DIAGNOSTIC	.234117	.234117	.234117				41
41.01 ULTRASOUND	.101472	.101472	.101472				41.01
41.02 CT SCAN	.048110	.048110	.048110				41.02
41.03 MRI	.541798	.541798	.541798				41.03
44 LABORATORY	.105644	.105644	.105644				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	.472293	.472293	.472293				47
48 INTRAVENOUS THERAPY	.788094	.788094	.788094				48
49 RESPIRATORY THERAPY	.157679	.157679	.157679				49
50 PHYSICAL THERAPY	.369805	.369805	.369805				50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	.230820	.230820	.230820				52
53 ELECTROCARDIOLOGY	.129534	.129534	.129534				53
53.01 CATH LAB	.276107	.276107	.276107				53.01
54 ELECTROENCEPHALOGRAPHY	.230927	.230927	.230927				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194318	.194318	.194318				55
56 DRUGS CHARGED TO PATIENTS	.316036	.316036	.316036				56
56.01 EMG	.204482	.204482	.204482				56.01
56.02 PULMONARY FUNCTION	.128557	.128557	.128557				56.02
56.03 ANGIOGRAPHY	.227560	.227560	.227560				56.03
57 RENAL DIALYSIS	.458961	.458961	.458961				57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES	.637835	.637835	.637835				60.01
61 EMERGENCY	.222124	.222124	.222124				61
61.01 PCC	.716168	.716168	.716168				61.01
62 OBSERVATION BEDS (NON-DISTINCT	.586386	.586386	.586386				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	
2 PROGRAM VACCINE CHARGES	.316036	1	
2.01 PROGRAM VACCINE CHARGES	7621	2	
3 PROGRAM COSTS			2.01
3.01 PROGRAM COSTS	2409	3	
			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0062) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		25916621						37
38 RECOVERY ROOM		969838						38
40 ANESTHESIOLOGY		2672393						40
41 RADIOLOGY-DIAGNOSTIC		11032086						41
41.01 ULTRASOUND		4747291						41.01
41.02 CT SCAN		17003856						41.02
41.03 MRI		58073						41.03
44 LABORATORY		4486336						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		886676						47
48 INTRAVENOUS THERAPY		956685						48
49 RESPIRATORY THERAPY		876635						49
50 PHYSICAL THERAPY		1227115						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		16912						52
53 ELECTROCARDIOLOGY		6494366						53
53.01 CATH LAB		4352610						53.01
54 ELECTROENCEPHALOGRAPHY		223714						54
55 MEDICAL SUPPLIES CHARGED TO PA		1940068						55
56 DRUGS CHARGED TO PATIENTS		2196742						56
56.01 EMG		650542						56.01
56.02 PULMONARY FUNCTION		551081						56.02
56.03 ANGIOGRAPHY		609575						56.03
57 RENAL DIALYSIS		6235						57
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES		90664						60.01
61 EMERGENCY		984035						61
61.01 PCC		1174129						61.01
62 OBSERVATION BEDS (NON-DISTINCT		1157052						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		91281330						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		91281330						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0062) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		5992545					37
38 RECOVERY ROOM		299866					38
40 ANESTHESIOLOGY		132903					40
41 RADIOLOGY-DIAGNOSTIC		2582799					41
41.01 ULTRASOUND		481717					41.01
41.02 CT SCAN		818056					41.02
41.03 MRI		31464					41.03
44 LABORATORY		473954					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		418771					47
48 INTRAVENOUS THERAPY		753958					48
49 RESPIRATORY THERAPY		138227					49
50 PHYSICAL THERAPY		453793					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		3904					52
53 ELECTROCARDIOLOGY		841241					53
53.01 CATH LAB		1201786					53.01
54 ELECTROENCEPHALOGRAPHY		51662					54
55 MEDICAL SUPPLIES CHARGED TO PAT		376990					55
56 DRUGS CHARGED TO PATIENTS		694250					56
56.01 EMG		133024					56.01
56.02 PULMONARY FUNCTION		70845					56.02
56.03 ANGIOGRAPHY		138715					56.03
57 RENAL DIALYSIS		2862					57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		57829					60.01
61 EMERGENCY		218578					61
61.01 PCC		840874					61.01
62 OBSERVATION BEDS (NON-DISTINCT		678479					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		17889092					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		17889092					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1552257	155045336	33726			.010012	338 37
38 RECOVERY ROOM		97861	8989355	1390			.010886	15 38
40 ANESTHESIOLOGY		144792	21855046	2110			.006625	14 40
41 RADIOLOGY-DIAGNOSTIC		1560515	58594435	76890			.026632	2048 41
41.01 ULTRASOUND		212291	22479044	43593			.009444	412 41.01
41.02 CT SCAN		800741	93127201	163084			.008598	1402 41.02
41.03 MRI		98168	504887	9582			.194436	1863 41.03
44 LABORATORY		715045	168227184	790764			.004250	3361 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		62679	7495676	1645			.008362	14 47
48 INTRAVENOUS THERAPY		45474	3173197	3358			.014331	48 48
49 RESPIRATORY THERAPY		230628	29235249	39462			.007889	311 49
50 PHYSICAL THERAPY		258214	19900409	58007			.012975	753 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		3785	1158655	4846			.003267	16 52
53 ELECTROCARDIOLOGY		296594	39168116	115520			.007572	875 53
53.01 CATH LAB		458981	31363353	10195			.014634	149 53.01
54 ELECTROENCEPHALOGRAPHY		14854	1149127	12960			.012926	168 54
55 MEDICAL SUPPLIES CHARGED TO P		257104	31501469	69039			.008162	563 55
56 DRUGS CHARGED TO PATIENTS		276002	47878345	350605			.005765	2021 56
56.01 EMG		7246	1470108	6738			.004929	33 56.01
56.02 PULMONARY FUNCTION		12848	1451009	17122			.008855	152 56.02
56.03 ANGIOGRAPHY		121723	5063220				.024041	56.03
57 RENAL DIALYSIS		15052	1255225				.011991	57
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES		21388	2928312				.007304	60.01
61 EMERGENCY		603051	61047690	341081			.009878	3369 61
61.01 PCC		216061	8627621				.025043	61.01
62 OBSERVATION BEDS (NON-DISTINC		133629	6123642				.021822	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8216983	828812911	2151717				17925 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
41.03 MRI							41.03
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		155045336			33726		37
38 RECOVERY ROOM		8989355			1390		38
40 ANESTHESIOLOGY		21855046			2110		40
41 RADIOLOGY-DIAGNOSTIC		58594435			76890		41
41.01 ULTRASOUND		22479044			43593		41.01
41.02 CT SCAN		93127201			163084		41.02
41.03 MRI		504887			9582		41.03
44 LABORATORY		168227184			790764		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7495676			1645		47
48 INTRAVENOUS THERAPY		3173197			3358		48
49 RESPIRATORY THERAPY		29235249			39462		49
50 PHYSICAL THERAPY		19900409			58007		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1158655			4846		52
53 ELECTROCARDIOLOGY		39168116			115520		53
53.01 CATH LAB		31363353			10195		53.01
54 ELECTROENCEPHALOGRAPHY		1149127			12960		54
55 MEDICAL SUPPLIES CHARGED TO P		31501469			69039		55
56 DRUGS CHARGED TO PATIENTS		47878345			350605		56
56.01 EMG		1470108			6738		56.01
56.02 PULMONARY FUNCTION		1451009			17122		56.02
56.03 ANGIOGRAPHY		5063220					56.03
57 RENAL DIALYSIS		1255225					57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		2928312					60.01
61 EMERGENCY		61047690			341081		61
61.01 PCC		8627621					61.01
62 OBSERVATION BEDS (NON-DISTINC		6123642					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		828812911			2151717		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S062)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2894511		2894511
26 INTENSIVE CARE UNIT				313890		313890
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				293747		293747
33 NURSERY						
101 TOTAL				3502148		3502148

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	77806	1595			37.20	59334
26 INTENSIVE CARE UNIT	5627	310			55.78	17292
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5942	96			49.44	4746
33 NURSERY	3132	130				
101 TOTAL	92507	2131				81372

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1552257	155045336	1284490			.010012	12860 37
38 RECOVERY ROOM		97861	8989355	95186			.010886	1036 38
40 ANESTHESIOLOGY		144792	21855046	231641			.006625	1535 40
41 RADIOLOGY-DIAGNOSTIC		1560515	58594435	469586			.026632	12506 41
41.01 ULTRASOUND		212291	22479044	230338			.009444	2175 41.01
41.02 CT SCAN		800741	93127201	1021699			.008598	8785 41.02
41.03 MRI		98168	504887	11205			.194436	2179 41.03
44 LABORATORY		715045	168227184	2386638			.004250	10143 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		62679	7495676	107838			.008362	902 47
48 INTRAVENOUS THERAPY		45474	3173197	24624			.014331	353 48
49 RESPIRATORY THERAPY		230628	29235249	714239			.007889	5635 49
50 PHYSICAL THERAPY		258214	19900409	57891			.012975	751 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		3785	1158655	9418			.003267	31 52
53 ELECTROCARDIOLOGY		296594	39168116	429989			.007572	3256 53
53.01 CATH LAB		458981	31363353	263746			.014634	3860 53.01
54 ELECTROENCEPHALOGRAPHY		14854	1149127	25480			.012926	329 54
55 MEDICAL SUPPLIES CHARGED TO P		257104	31501469	653208			.008162	5331 55
56 DRUGS CHARGED TO PATIENTS		276002	47878345	1211999			.005765	6987 56
56.01 EMG		7246	1470108	5785			.004929	29 56.01
56.02 PULMONARY FUNCTION		12848	1451009	3537			.008855	31 56.02
56.03 ANGIOGRAPHY		121723	5063220	61368			.024041	1475 56.03
57 RENAL DIALYSIS		15052	1255225	60125			.011991	721 57
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES		21388	2928312				.007304	60.01
61 EMERGENCY		603051	61047690	717663			.009878	7089 61
61.01 PCC		216061	8627621	701			.025043	18 61.01
62 OBSERVATION BEDS (NON-DISTINC		133629	6123642				.021822	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		8216983	828812911	10078394				88017 101

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2010.02
 05/25/2010 10:56

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					77806		1595	25
26 INTENSIVE CARE UNIT					5627		310	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					5942		96	31
33 NURSERY					3132		130	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					92507		2131	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
41.03 MRI							41.03
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		155045336			1284490		37
38 RECOVERY ROOM		8989355			95186		38
40 ANESTHESIOLOGY		21855046			231641		40
41 RADIOLOGY-DIAGNOSTIC		58594435			469586		41
41.01 ULTRASOUND		22479044			230338		41.01
41.02 CT SCAN		93127201			1021699		41.02
41.03 MRI		504887			11205		41.03
44 LABORATORY		168227184			2386638		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7495676			107838		47
48 INTRAVENOUS THERAPY		3173197			24624		48
49 RESPIRATORY THERAPY		29235249			714239		49
50 PHYSICAL THERAPY		19900409			57891		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1158655			9418		52
53 ELECTROCARDIOLOGY		39168116			429989		53
53.01 CATH LAB		31363353			263746		53.01
54 ELECTROENCEPHALOGRAPHY		1149127			25480		54
55 MEDICAL SUPPLIES CHARGED TO P		31501469			653208		55
56 DRUGS CHARGED TO PATIENTS		47878345			1211999		56
56.01 EMG		1470108			5785		56.01
56.02 PULMONARY FUNCTION		1451009			3537		56.02
56.03 ANGIOGRAPHY		5063220			61368		56.03
57 RENAL DIALYSIS		1255225			60125		57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		2928312					60.01
61 EMERGENCY		61047690			717663		61
61.01 PCC		8627621			701		61.01
62 OBSERVATION BEDS (NON-DISTINC		6123642					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		828812911			10078394		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0062)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL		TOTAL	RATIO OF	RATIO OF	CAPITAL
	RELATED	RELATED	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL
	COST	COST	CHARGES	CHARGES	COSTS	CHARGES	COSTS
	1	2	3	4	5	6	7
							8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1552257	155045336			.010012	37
38 RECOVERY ROOM		97861	8989355			.010886	38
40 ANESTHESIOLOGY		144792	21855046			.006625	40
41 RADIOLOGY-DIAGNOSTIC		1560515	58594435			.026632	41
41.01 ULTRASOUND		212291	22479044			.009444	41.01
41.02 CT SCAN		800741	93127201			.008598	41.02
41.03 MRI		98168	504887			.194436	41.03
44 LABORATORY		715045	168227184			.004250	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		62679	7495676			.008362	47
48 INTRAVENOUS THERAPY		45474	3173197			.014331	48
49 RESPIRATORY THERAPY		230628	29235249			.007889	49
50 PHYSICAL THERAPY		258214	19900409			.012975	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		3785	1158655			.003267	52
53 ELECTROCARDIOLOGY		296594	39168116			.007572	53
53.01 CATH LAB		458981	31363353			.014634	53.01
54 ELECTROENCEPHALOGRAPHY		14854	1149127			.012926	54
55 MEDICAL SUPPLIES CHARGED TO P		257104	31501469			.008162	55
56 DRUGS CHARGED TO PATIENTS		276002	47878345			.005765	56
56.01 EMG		7246	1470108			.004929	56.01
56.02 PULMONARY FUNCTION		12848	1451009			.008855	56.02
56.03 ANGIOGRAPHY		121723	5063220			.024041	56.03
57 RENAL DIALYSIS		15052	1255225			.011991	57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		21388	2928312			.007304	60.01
61 EMERGENCY		603051	61047690			.009878	61
61.01 PCC		216061	8627621			.025043	61.01
62 OBSERVATION BEDS (NON-DISTINC		133629	6123642			.021822	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		8216983	828812911				101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
41.03 MRI							41.03
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		155045336					37
38 RECOVERY ROOM		8989355					38
40 ANESTHESIOLOGY		21855046					40
41 RADIOLOGY-DIAGNOSTIC		58594435					41
41.01 ULTRASOUND		22479044					41.01
41.02 CT SCAN		93127201					41.02
41.03 MRI		504887					41.03
44 LABORATORY		168227184					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7495676					47
48 INTRAVENOUS THERAPY		3173197					48
49 RESPIRATORY THERAPY		29235249					49
50 PHYSICAL THERAPY		19900409					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1158655					52
53 ELECTROCARDIOLOGY		39168116					53
53.01 CATH LAB		31363353					53.01
54 ELECTROENCEPHALOGRAPHY		1149127					54
55 MEDICAL SUPPLIES CHARGED TO P		31501469					55
56 DRUGS CHARGED TO PATIENTS		47878345					56
56.01 EMG		1470108					56.01
56.02 PULMONARY FUNCTION		1451009					56.02
56.03 ANGIOGRAPHY		5063220					56.03
57 RENAL DIALYSIS		1255225					57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		2928312					60.01
61 EMERGENCY		61047690					61
61.01 PCC		8627621					61.01
62 OBSERVATION BEDS (NON-DISTINC		6123642					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		828812911					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S062)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0062)	SUB I (PPS) (14-S062)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	77806	5942					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	77806	5942					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	77806	5942					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	48686	2044					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0062)	SUB I (PPS) (14-S062)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	77780706	8552704					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	77780706	8552704					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	108193066	9832184					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	108193066	9832184					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.718907	.869868					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1390.55	1654.69					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	77780706	8552704					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0062)	SUB I (PPS) (14-S062)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	999.67	1439.36				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	48669934	2942052				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	48669934	2942052				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	9635478	5627	1712.37	4572	7828956	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0062)	SUB I (PPS) (14-S062)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	51484932	384104				48
49 TOTAL PROGRAM INPATIENT COSTS	107983822	3326156				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2066145	101055				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2477824	17925				51
52 TOTAL PROGRAM EXCLUDABLE COST	4543969	118980				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	103439853	3207176				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0062)	SUB I (PPS) (14-S062)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0062)(14-S062)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3592	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	999.67	84
85 OBSERVATION BED COST	3590815	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		77780706		3590815		86
87 NEW CAPITAL-RELATED COST	2894511	77780706	.037214	3590815	133629	87
88 NON PHYSICIAN ANESTHETIST		77780706		3590815		88
89 MEDICAL EDUCATION		77780706		3590815		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	77806	5942				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	77806	5942				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	77806	5942				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1595	96				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	3132					15
16 TITLE V OR XIX NURSERY DAYS	130					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	77780706	8471569					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	77780706	8471569					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	108193066	9832184					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	108193066	9832184					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.718907	.861616					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1390.55	1654.69					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	77780706	8471569					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	999.67	1425.71					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1594474	136868					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1594474	136868					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)			3132		130		42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	9635478	5627	1712.37	310	530835		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1833568						48
49	TOTAL PROGRAM INPATIENT COSTS	3958877	136868					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	76626	4746					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	88017						51
52	TOTAL PROGRAM EXCLUDABLE COST	164643	4746					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	3794234						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		20				54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (OTHER)
 (14-0062)(14-S062)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3592	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	999.67	84
85 OBSERVATION BED COST	3590815	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		77780706		3590815		86
87 NEW CAPITAL-RELATED COST	2894511	77780706	.037214	3590815	133629	87
88 NON PHYSICIAN ANESTHETIST		77780706		3590815		88
89 MEDICAL EDUCATION		77780706		3590815		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0062)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		62361870		25
26 INTENSIVE CARE UNIT		8366698		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.231224	43875425	10145051	37
38 RECOVERY ROOM	.309192	2808725	868435	38
40 ANESTHESIOLOGY	.049732	6456083	321074	40
41 RADIOLOGY-DIAGNOSTIC	.234117	13964624	3269356	41
41.01 ULTRASOUND	.101472	5255906	533327	41.01
41.02 CT SCAN	.048110	20785231	999977	41.02
41.03 MRI	.541798	165522	89679	41.03
44 LABORATORY	.105644	56115428	5928258	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.472293	4006603	1892291	47
48 INTRAVENOUS THERAPY	.788094	818953	645412	48
49 RESPIRATORY THERAPY	.158532	19757381	3132177	49
50 PHYSICAL THERAPY	.372952	4894613	1825456	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.230820	831360	191895	52
53 ELECTROCARDIOLOGY	.129534	15308587	1982983	53
53.01 CATH LAB	.276605	13615859	3766215	53.01
54 ELECTROENCEPHALOGRAPHY	.230927	435644	100602	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194318	13670691	2656461	55
56 DRUGS CHARGED TO PATIENTS	.316036	26919256	8507454	56
56.01 EMG	.204482	114620	23438	56.01
56.02 PULMONARY FUNCTION	.128557	148092	19038	56.02
56.03 ANGIOGRAPHY	.227560	3226826	734297	56.03
57 RENAL DIALYSIS	.458961	1004341	460953	57
OUTPATIENT SERVICE COST CENTERS				
60.01 OUTPATIENT PSYCH SERVICES	.637835	1064	679	60.01
61 EMERGENCY	.222124	13552598	3010357	61
61.01 PCC	.716168	95589	68458	61.01
62 OBSERVATION BEDS (NON-DISTINCT	.586386	531406	311609	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		268360427	51484932	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		268360427		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S062)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		3629290		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.231224	33726	7798	37
38 RECOVERY ROOM	.309192	1390	430	38
40 ANESTHESIOLOGY	.049732	2110	105	40
41 RADIOLOGY-DIAGNOSTIC	.234117	76890	18001	41
41.01 ULTRASOUND	.101472	43593	4423	41.01
41.02 CT SCAN	.048110	163084	7846	41.02
41.03 MRI	.541798	9582	5192	41.03
44 LABORATORY	.105644	790764	83539	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.472293	1645	777	47
48 INTRAVENOUS THERAPY	.788094	3358	2646	48
49 RESPIRATORY THERAPY	.158532	39462	6256	49
50 PHYSICAL THERAPY	.372952	58007	21634	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.230820	4846	1119	52
53 ELECTROCARDIOLOGY	.129534	115520	14964	53
53.01 CATH LAB	.276605	10195	2820	53.01
54 ELECTROENCEPHALOGRAPHY	.230927	12960	2993	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194318	69039	13416	55
56 DRUGS CHARGED TO PATIENTS	.316036	350605	110804	56
56.01 EMG	.204482	6738	1378	56.01
56.02 PULMONARY FUNCTION	.128557	17122	2201	56.02
56.03 ANGIOGRAPHY	.227560			56.03
57 RENAL DIALYSIS	.458961			57
OUTPATIENT SERVICE COST CENTERS				
60.01 OUTPATIENT PSYCH SERVICES	.637835			60.01
61 EMERGENCY	.222124	341081	75762	61
61.01 PCC	.716168			61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.586386			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2151717	384104	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2151717		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0062)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		2609734		25
26 INTENSIVE CARE UNIT		632880		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.231224	1284490	297005	37
38 RECOVERY ROOM	.309192	95186	29431	38
40 ANESTHESIOLOGY	.049732	231641	11520	40
41 RADIOLOGY-DIAGNOSTIC	.234117	469586	109938	41
41.01 ULTRASOUND	.101472	230338	23373	41.01
41.02 CT SCAN	.048110	1021699	49154	41.02
41.03 MRI	.541798	11205	6071	41.03
44 LABORATORY	.105644	2386638	252134	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.472293	107838	50931	47
48 INTRAVENOUS THERAPY	.788094	24624	19406	48
49 RESPIRATORY THERAPY	.158532	714239	113230	49
50 PHYSICAL THERAPY	.372952	57891	21591	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.230820	9418	2174	52
53 ELECTROCARDIOLOGY	.129534	429989	55698	53
53.01 CATH LAB	.276605	263746	72953	53.01
54 ELECTROENCEPHALOGRAPHY	.230927	25480	5884	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194318	653208	126930	55
56 DRUGS CHARGED TO PATIENTS	.316036	1211999	383035	56
56.01 EMG	.204482	5785	1183	56.01
56.02 PULMONARY FUNCTION	.128557	3537	455	56.02
56.03 ANGIOGRAPHY	.227560	61368	13965	56.03
57 RENAL DIALYSIS	.458961	60125	27595	57
OUTPATIENT SERVICE COST CENTERS				
60.01 OUTPATIENT PSYCH SERVICES	.637835			60.01
61 EMERGENCY	.222124	717663	159410	61
61.01 PCC	.716168	701	502	61.01
62 OBSERVATION BEDS (NON-DISTINCT	.586386			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		10078394	1833568	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		10078394		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (14-S062)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.231224		37
38 RECOVERY ROOM	.309192		38
40 ANESTHESIOLOGY	.049732		40
41 RADIOLOGY-DIAGNOSTIC	.234117		41
41.01 ULTRASOUND	.101472		41.01
41.02 CT SCAN	.048110		41.02
41.03 MRI	.541798		41.03
44 LABORATORY	.105644		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.472293		47
48 INTRAVENOUS THERAPY	.788094		48
49 RESPIRATORY THERAPY	.157679		49
50 PHYSICAL THERAPY	.369805		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.230820		52
53 ELECTROCARDIOLOGY	.129534		53
53.01 CATH LAB	.276107		53.01
54 ELECTROENCEPHALOGRAPHY	.230927		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194318		55
56 DRUGS CHARGED TO PATIENTS	.316036		56
56.01 EMG	.204482		56.01
56.02 PULMONARY FUNCTION	.128557		56.02
56.03 ANGIOGRAPHY	.227560		56.03
57 RENAL DIALYSIS	.458961		57
OUTPATIENT SERVICE COST CENTERS			
60.01 OUTPATIENT PSYCH SERVICES	.637835		60.01
61 EMERGENCY	.222124		61
61.01 PCC	.716168		61.01
62 OBSERVATION BEDS (NON-DISTINCT	.586386		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0062)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	58902559					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	19634186					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2285410					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	331.69					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06		0.00	0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO		0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0062)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	80822155					6
7						7
7.01						7.01
8	80822155					8
9	6552901					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	87375056					16
17	77168					17
18	87297888					18
19	7808152					19
20	302407					20
21	704364					21
21.01	493055					21.01
21.02	564554					21.02
22	79680384					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0062)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	79680384					26
27						27
28	79185160					28
28.01						28.01
29	495224					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0062)	HOSPITAL (14-0062)	HOSPITAL (14-0062)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	2409			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	17889092			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	14404750			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	2409			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	7621			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	7621			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	7621			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	5212			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	2409			17
17.01 TOTAL PPS PAYMENTS	14404750			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0062) 1	HOSPITAL (14-0062) 1.01	HOSPITAL (14-0062) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	3667174		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	10739985		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	10739985		23
24 PRIMARY PAYER PAYMENTS	880		24
25 SUBTOTAL	10739105		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	201681		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	141177		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	161022		27.02
28 SUBTOTAL	10880282		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	10880282		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10737966		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	142316		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S062)	SUB I (14-S062)	SUB I (14-S062)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S062)	SUB I (14-S062)	SUB I (14-S062)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0062)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		79185160		10737966	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					3.04
					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		79185160		10737966	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				5.01
	TO				5.02
	PROVIDER				5.03
	PROVIDER				5.50
	TO				5.51
	PROGRAM				5.52
SUBTOTAL					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				6.01
	PROVIDER	.01			6.02
	PROVIDER TO	.02			
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S062)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2035393		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2035393		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S062)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1645742				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	571613				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	16.279452				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2217355				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	2217355				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	2217355				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	2217355				6
7	DEDUCTIBLES	169680				7
8	SUBTOTAL	2047675				8
9	COINSURANCE	12282				9
10	SUBTOTAL	2035393				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	83100				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	58170				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	72056				11.02
12	SUBTOTAL	2093563				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S062)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2093563				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	2035393				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	58170				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0062) (PPS)	SUB I (14-S062) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES		136868				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL		136868				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL		136868				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES	10078394					11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES	10078394					16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES	10078394					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	10078394					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		136868				22
23	COST OF COVERED SERVICES		136868				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL		136868				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31		136868				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0062) (PPS)	SUB I (14-S062) (OTHER)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
35	SUBTOTAL					136868
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2349000			1
2 TEMPORARY INVESTMENTS	29854000			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	103781000			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-77971000			6
7 INVENTORY	1323000			7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	34666000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	94002000			11
FIXED ASSETS				
12 LAND	2883000			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	6365000			13
13.01 ACCUMULATED DEPRECIATION	-4855000			13.01
14 BUILDINGS	139119000			14
14.01 ACCUMULATED DEPRECIATION	-91639000			14.01
15 LEASEHOLD IMPROVEMENTS	58352000			15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	134315000			18
18.01 ACCUMULATED DEPRECIATION	-98940000			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	145600000			21
OTHER ASSETS				
22 INVESTMENTS	211196000			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	43390000			25
26 TOTAL OTHER ASSETS	254586000			26
27 TOTAL ASSETS	494188000			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	12742000			28
29 SALARIES, WAGES & FEES PAYABLE	20550000			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	68540000			35
36 TOTAL CURRENT LIABILITIES	101832000			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE	124515000			37
38 NOTES PAYABLE				38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	50394000			41
42 TOTAL LONG TERM LIABILITIES	174909000			42
43 TOTAL LIABILITIES	276741000			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	217447000			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	217447000			51
52 TOTAL LIABILITIES AND FUND BALANCES	494188000			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	158880000			1
2 NET INCOME (LOSS)	23234523			2
3 TOTAL	182114523			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 INVESTMENT GAINS	994477			5
6 REINSTATEMENT				6
7 UNREALIZED NET GAIN	34338000			7
8				8
9				9
10 TOTAL ADDITIONS	35332477			10
11 SUBTOTAL	217447000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET CHANGE				13
14 TRANSFER TO AFFILIATE				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	217447000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	120927000		120927000	2
4 SUBPROVIDER I	9826000		9826000	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	130753000		130753000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	130753000		130753000	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	430883000		430883000	18
18.50 ANCILLARY SERVICES				18.50
18.60 RHC		402002000	402002000	18.60
19 FQHC				19
20 HOME HEALTH AGENCY		15267000	15267000	20
21 AMBULANCE				21
22 CORF				22
23 ASC				23
24 HOSPICE				24
24.01 HEALTH & FITNESS		726000	726000	24.01
24.02 PRIVATE DUTY		7123000	7123000	24.02
25 TOTAL PATIENT REVENUES	561636000	425118000	986754000	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		299213477	26
27 BAD DEBTS			27
28 OTHER			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		299213477	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	986754000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	682159000	2
3	NET PATIENT REVENUES	304595000	3
4	LESS - TOTAL OPERATING EXPENSES	299213477	4
5	NET INCOME FROM SERVICE TO PATIENTS	5381523	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	13747000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	34000	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1004000	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	208000	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	26000	21
22	RENTAL OF HOSPITAL SPACE	1671000	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	COMMUNITY EDUCATION	50000	24
24.01	COMMUNITY THERAPY		24.01
24.02	PUMP RENTAL		24.02
24.03	MISCELLANEOUS	671000	24.03
24.04	SILVER SALES		24.04
24.05	HOME DELIVERED	45000	24.05
24.06	LIFELINE	64000	24.06
24.07	JOINT VENTURE	349000	24.07
24.08	BABY PHOTO	3000	24.08
24.09	OTHER		24.09
24.10	NEWSPAPERS		24.10
24.11	UNIFORMS		24.11
25	TOTAL OTHER INCOME	17872000	25
26	TOTAL	23253523	26
27	NEWSPAPER	19000	27
28			28
29			29
30	TOTAL OTHER EXPENSES	19000	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	23234523	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7470

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	2337124		301650		516924	3155698 5
6 SKILLED NURSING CARE	3544385					3544385 6
7 PHYSICAL THERAPY	1141764			84814		1226578 7
8 OCCUPATIONAL THERAPY	212691			847		213538 8
9 SPEECH PATHOLOGY	85832					85832 9
10 MEDICAL SOCIAL SERVICES	75785					75785 10
11 HOME HEALTH AIDE	696793					696793 11
12 SUPPLIES					220475	220475 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	8094374		301650	85661	737399	9219084 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7470

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	28834	3184532	-518	3184014	5
6 SKILLED NURSING CARE		3544385		3544385	6
7 PHYSICAL THERAPY		1226578		1226578	7
8 OCCUPATIONAL THERAPY		213538		213538	8
9 SPEECH PATHOLOGY		85832		85832	9
10 MEDICAL SOCIAL SERVICES		75785		75785	10
11 HOME HEALTH AIDE		696793		696793	11
12 SUPPLIES		220475		220475	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	28834	9247918	-518	9247400	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7470

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	3184014					3184014	3184014	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	3544385					3544385	1861234	5405619
7 PHYSICAL THERAPY	1226578					1226578	644102	1870680
8 OCCUPATIONAL THERAPY	213538					213538	112133	325671
9 SPEECH PATHOLOGY	85832					85832	45072	130904
10 MEDICAL SOCIAL SERVICES	75785					75785	39796	115581
11 HOME HEALTH AIDE	696793					696793	365901	1062694
12 SUPPLIES	220475					220475	115776	336251
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	9247400					9247400		9247400

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.02
 05/25/2010 10:56

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-3184014	6063386	5
6 SKILLED NURSING CARE						3544385	6
7 PHYSICAL THERAPY						1226578	7
8 OCCUPATIONAL THERAPY						213538	8
9 SPEECH PATHOLOGY						85832	9
10 MEDICAL SOCIAL SERVICES						75785	10
11 HOME HEALTH AIDE						696793	11
12 SUPPLIES						220475	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-3184014	6063386	24
25 COST TO BE ALLOC (PER W/S H)						3184014	25
26 UNIT COST MULTIPLIER						.525121	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7470

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED		
			HHA A & G	TOTAL HHA COSTS	
	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		3207019			1
2 SKILLED NURSING CARE		6020474	1874681	7895155	2
3 PHYSICAL THERAPY		2083459	648756	2732215	3
4 OCCUPATIONAL THERAPY		362714	112943	475657	4
5 SPEECH PATHOLOGY		145794	45398	191192	5
6 MEDICAL SOCIAL SERVICES		128728	40084	168812	6
7 HOME HEALTH AIDE		1183569	368544	1552113	7
8 SUPPLIES		374498	116613	491111	8
9 DRUGS					9
9.20 COST OF ADMINISTERING VACC					9.20
10 DME					10
11 HOME DIALYSIS AIDE SERVICE					11
12 RESPIRATORY THERAPY					12
13 PRIVATE DUTY NURSING					13
14 CLINIC					14
15 HEALTH PROMOTION ACTIVITIE					15
16 DAY CARE PROGRAM					16
17 HOME DELIVERED MEALS PROGR					17
18 HOMEMAKER SERVICE					18
19 ALL OTHERS					19
19.50 TELEMEDICINE					19.50
20 TOTALS		13506255	3207019	13506255	20
21 UNIT COST MULTIPLIER			.311384		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS FTES	COMMUNI- CATIONS # OF PHONES	PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.	
	1	2	3	4	5	6.01	6.02	6.03	
1 ADMINISTRATIVE AND GENERAL			442	42197	126	4	96	1174	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			442	42197	126	4	96	1174	20
21 TOTAL COST TO BE ALLOCATED			2356	41961	2394425	2776	302472	26144	21
22 UNIT COST MULTIPLIER			5.330317		19003.373016		3150.750000		22
22 UNIT COST MULTIPLIER				.994407		694.000000		22.269165	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

HHA COST CENTER	ADMITTING	CASHIERING	RECON-	ADMINIS-	MAIN-	CLINICAL	OPERATION	LAUNDRY
	I/P REVENUES 6.04	I/P REVENUES 6.05	CILIATION 6A.06	TRATIVE + GENERAL ACCUM COST 6.06	TENANCE + REPAIRS SQUARE FEET 7	ENGINEER TIME SPENT 7.01	OF PLANT SQUARE FEET 8	& LINEN SERVICE POUNDS OF LAUNDRY 9
1 ADMINISTRATIVE AND GENERAL				2770134	442	10		1
2 SKILLED NURSING CARE				5405619				2
3 PHYSICAL THERAPY				1870680				3
4 OCCUPATIONAL THERAPY				325671				4
5 SPEECH PATHOLOGY				130904				5
6 MEDICAL SOCIAL SERVICES				115581				6
7 HOME HEALTH AIDE				1062694				7
8 SUPPLIES				336251				8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS				12017534	442	10		20
21 TOTAL COST TO BE ALLOCATED				1366922	11767	1222		21
22 UNIT COST MULTIPLIER					26.622172			22
22 UNIT COST MULTIPLIER				.113744		122.200000		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

HHA COST CENTER	HOUSE-KEEPING TIME SPENT 10	DIETARY MEALS SERVED 11	CAFETERIA FTES 12	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS-TRATION FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL			2			164898		1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS			2			164898		20
21 TOTAL COST TO BE ALLOCATED			2566			106244		21
22 UNIT COST MULTIPLIER			1283.000000					22
22 UNIT COST MULTIPLIER						.644301		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

HHA COST CENTER	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	18	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL							1
2 SKILLED NURSING CARE							2
3 PHYSICAL THERAPY							3
4 OCCUPATIONAL THERAPY							4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES							6
7 HOME HEALTH AIDE							7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS							20
21 TOTAL COST TO BE ALLOCATED							21
22 UNIT COST MULTIPLIER							22
22 UNIT COST MULTIPLIER							22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7470

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	7895155		7895155	48021	164.41	1
2	PHYSICAL THERAPY	3	2732215		2732215	22290	122.58	2
3	OCCUPATIONAL THERAPY	4	475657		475657	3521	135.09	3
4	SPEECH PATHOLOGY	5	191192		191192	1123	170.25	4
5	MEDICAL SOCIAL SERV	6	168812		168812	585	288.57	5
6	HOME HEALTH AIDE SERV	7	1552113		1552113	11559	134.28	6
7	TOTAL		13015144		13015144	87099		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE		1600					8
9	PHYSICAL THERAPY		1600					9
10	OCCUPATIONAL THERAPY		1600					10
11	SPEECH PATHOLOGY		1600					11
12	MEDICAL SOCIAL SERV		1600					12
13	HOME HEALTH AIDE SERV		1600					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS								
OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	491111		491111	244124	2.011728	15
16	COST OF DRUGS	9		616	616	1950	.315897	16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.	2	
						1		
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1600		17
18	PER BENEFICIARY COST LIMITATION					1600		18
19	PER BENEFICIARY COST LIMITATION							19

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7470

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES			
2 REASONABLE COST OF SERVICES		616	1
2 TOTAL CHARGES		1950	2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES		1950	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		1334	7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			8
9 PRIMARY PAYOR PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	6717156	3972044	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	48842	18612	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	80110	61177	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	39708	28771	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	16539	3290	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES		429	10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	6902355	4084939	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	6902355	4084939	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	6902355	4084939	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	6902355	4084939	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	6902355	4084939	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	6902355	4084939	24
25 TOTAL INTERIM PAYMENTS	6902355	4086273	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM		-1334	26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7470

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6902355		4084323	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		1950	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		6902355		4086273	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			5.01
	TO	.02			5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51			5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				6.01
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1591

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF			101907			101907 4
5 VOLUNTEER SERVICE COORDINATION	66749					66749 5
6 ADMINISTRATIVE AND GENERAL	339382				846978	1186360 6
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES					19200	19200 9
10 NURSING CARE	1297319					1297319 10
10.20 NURSING CARE-CONTINUOUS HOME CARE						10.20
11 PHYSICAL THERAPY				1792		1792 11
12 OCCUPATIONAL THERAPY						12
13 SPEECH/LANGUAGE PATHOLOGY						13
14 MEDICAL SOCIAL SERVICES	188988					188988 14
15 SPIRITUAL COUNSELING	45292					45292 15
16 DIETARY COUNSELING	15807					15807 16
17 COUNSELING - OTHER						17
18 HOME HEALTH AIDE AND HOMEMAKER	250367					250367 18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE						18.20
19 OTHER						19
OTHER HOSPICE SERVICE COSTS						
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					383071	383071 20
20.30 ANALGESICS						20.30
20.31 SEDATIVES / HYPNOTICS						20.31
20.32 OTHER - SPECIFY						20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN						21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES					26626	26626 25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
HOSPICE NONREIMBURSABLE SERVICE						
30 BEREAVEMENT PROGRAM COSTS	41749					41749 30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTAL	2245653		101907	1792	1275875	3625227 34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1591

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF		101907		101907	4
5 VOLUNTEER SERVICE COORDINATION		66749		66749	5
6 ADMINISTRATIVE AND GENERAL	5767	1192127	-169	1191958	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES		19200		19200	9
10 NURSING CARE		1297319		1297319	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY		1792		1792	11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		188988		188988	14
15 SPIRITUAL COUNSELING		45292		45292	15
16 DIETARY COUNSELING		15807		15807	16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER		250367		250367	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY		383071		383071	20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES		26626		26626	25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					26
27 RADIATION THERAPY					27
28 CHEMOTHERAPY					28
29 OTHER					29
HOSPICE NONREIMBURSABLE SERVICE					
30 BEREAVEMENT PROGRAM COSTS		41749		41749	30
31 VOLUNTEER PROGRAM COSTS					31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	5767	3630994	-169	3630825	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1591

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5								66749	66749
6		28035		46620				264727	339382
7									7
8									8
9									9
10				246908	1050411				1297319
10.20									10.20
11									11
12									12
13									13
14								188988	188988
15								45292	45292
16								15807	15807
17									17
18								250367	250367
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30								41749	41749
31									31
32									32
33									33
34		28035		293528	1050411			873679	2245653

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1591 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								10.20
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								18.20
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30
28	SEDATIVES / HYPNOTICS								20.31
29	OTHER - SPECIFY								20.32
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								29
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL								1792

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1591

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & 0	CAP REL COST BLDG FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPOR- TATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
1	GENERAL SERVICE COST CENTER								
2									1
3									2
4									3
5	101907				101907				4
6	66749					66749			5
7	1191958				101907	66749	1360614	1360614	6
8									7
9									8
10	19200						19200	11507	30707
11	1297319						1297319	777527	2074846
12									9
13									10
14									10.20
15	1792						1792	1074	2866
16									11
17									12
18									13
19	188988						188988	113267	302255
20	45292						45292	27145	72437
21	15807						15807	9474	25281
22									16
23									17
24	250367						250367	150053	400420
25									18
26									18.20
27									19
28									20
29	383071						383071	229587	612658
30									20.30
31									20.31
32									20.32
33									21
34									22
35									23
36									24
37									25
38	26626						26626	15958	42584
39									26
40									27
41									28
42									29
43									30
44	41749						41749	25022	66771
45									31
46									32
47									33
48									34
49	3630825				101907	66749	3630825		3630825

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-4
 PART II

	CAP REL COST BLDG & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPO- RTATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5	6A	6	
GENERAL SERVICE COST CENTER								
1 CAP REL COSTS-BLDG AND FIXT.								1
2 CAP REL COSTS-MOVABLE EQUIP.								2
3 PLANT OPERATION & MAINT.								3
4 TRANSPORTATION - STAFF				100				4
5 VOLUNTEER SERVICE COORD.					100			5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE				100	100	-1360614	2270211	6
7 INPATIENT - GENERAL CARE								7
8 INPATIENT - RESPITE CARE VISITING SERVICES								8
9 PHYSICIAN SERVICES							19200	9
10 NURSING CARE							1297319	10
10.20 NURSING CARE-CONTINUOUS HOME								10.20
11 PHYSICAL THERAPY							1792	11
12 OCCUPATIONAL THERAPY								12
13 SPEECH/LANGUAGE PATHOLOGY								13
14 MEDICAL SOCIAL SERVICES							188988	14
15 SPIRITUAL COUNSELING							45292	15
16 DIETARY COUNSELING							15807	16
17 COUNSELING - OTHER								17
18 HH AIDE AND HOMEMAKER							250367	18
18.20 HH AIDE & HMKR-CONT. HOME CA								18.20
19 OTHER								19
OTHER HOSPICE SERVICE COSTS								
20 DRUGS, BIOL. & INFUS. THER.							383071	20
20.30 ANALGESICS								20.30
20.31 SEDATIVES / HYPNOTICS								20.31
20.32 OTHER - SPECIFY								20.32
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES							26626	25
26 OUTPAT.SERV.(INCL.E/R DEPT.)								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
HOSPICE NONREIMBURSABLE SERVICE								
30 BEREAVEMENT PROGRAM COSTS							41749	30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 COST TO BE ALLOCATED				101907	66749		1360614	34
35 UNIT COST MULTIPLIER				1019.070000	667.490000		.599334	35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29	
1 ADMINISTRATIVE AND GENERAL		1203426			1
2 INPATIENT - GENERAL CARE					2
3 INPATIENT - RESPITE CARE					3
4 PHYSICIAN SERVICES		34200	10178	44378	4
5 NURSING CARE		2310847	687701	2998548	5
5.20 NURSING CARE-CONTINUOUS HOM					5.20
6 PHYSICAL THERAPY		3192	950	4142	6
7 OCCUPATIONAL THERAPY					7
8 SPEECH/LANGUAGE PATHOLOGY					8
9 MEDICAL SOCIAL SERV. - DIRE		336635	100182	436817	9
10 SPIRITUAL COUNSELING		80676	24009	104685	10
11 DIETARY COUNSELING		28157	8379	36536	11
12 COUNSELING - OTHER					12
13 HOME HLTH AIDE & HOMEMAKERS		445965	132718	578683	13
13.20 HH AIDE & HMKR-CONT. HOME C					13.20
14 OTHER					14
15 DRUGS,BIOLOGICALS & INFUSIO		682344	203064	885408	15
15.30 ANALGESICS					15.30
15.31 SEDATIVES / HYPNOTICS					15.31
15.32 OTHER - SPECIFY					15.32
16 DURABLE MED. EQUIP./OXYGEN					16
17 PATIENT TRANSPORTATION					17
18 IMAGING SERVICES					18
19 LABS AND DIAGNOSTICS					19
20 MEDICAL SUPPLIES		47428	14114	61542	20
21 OUTPAT. SERV.(INCL.E/R DEPT					21
22 RADIATION THERAPY					22
23 CHEMOTHERAPY					23
24 OTHER					24
25 BEREAVEMENT PROGRAM COSTS		74366	22131	96497	25
26 VOLUNTEER PROGRAM COSTS					26
27 FUNDRAISING					27
28 OTHER PROGRAM COSTS					28
29 TOTALS		5247236		5247236	29
30 UNIT COST MULTIPLIER			.297597		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS FTES	COMMUNI- CATIONS # OF PHONES	PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.
	1	2	3	4	5	6.01	6.02	6.03
1 ADMINISTRATIVE AND GENERAL				288	36			260
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				288	36			260
30 TOTAL COST TO BE ALLOCATED				286	703125			5790
31 UNIT COST MULTIPLIER					19531.250000			31
31 UNIT COST MULTIPLIER				.993056				22.269231

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	ADMITTING	CASHIERING	RECON- CILIATION	ADMINIS- TRATIVE + GENERAL	MAIN- TENANCE + REPAIRS	CLINICAL ENGINEER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	I/P REVENUES 6.04	I/P REVENUES 6.05		ACCUM COST 6.06	SQUARE FEET 7	TIME SPENT 7.01	SQUARE FEET 8	POUNDS OF LAUNDRY 9
1 ADMINISTRATIVE AND GENERAL				709201				1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES				30707				4
5 NURSING CARE				2074846				5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY				2866				6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE				302255				9
10 SPIRITUAL COUNSELING				72437				10
11 DIETARY COUNSELING				25281				11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS				400420				13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO				612658				15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES				42584				20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS				66771				25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				4340026				29
30 TOTAL COST TO BE ALLOCATED				493652				30
31 UNIT COST MULTIPLIER								31
31 UNIT COST MULTIPLIER				.113744				31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	HOUSE-KEEPING TIME SPENT 10	DIETARY MEALS SERVED 11	CAFETERIA FTES 12	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS-TRATION FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL						8549	383072	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL						8549	383072	29
30 TOTAL COST TO BE ALLOCATED						5508	408050	30
31 UNIT COST MULTIPLIER							1.065204	31
31 UNIT COST MULTIPLIER						.644286		31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1591
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	18	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL							1
2 INPATIENT - GENERAL CARE							2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES							4
5 NURSING CARE							5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY							6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE							9
10 SPIRITUAL COUNSELING							10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS							13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO							15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN							16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES							20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER							24
25 BEREAVEMENT PROGRAM COSTS							25
26 VOLUNTEER PROGRAM COSTS							26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTAL							29
30 TOTAL COST TO BE ALLOCATED							30
31 UNIT COST MULTIPLIER							31
31 UNIT COST MULTIPLIER							31

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.369805		1
2	OCCUPATIONAL THERAPY	51			2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.230820		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.316036	45405	4
4.01	EMG	56.01	0.204482		4.01
4.02	PULMONARY FUNCTION	56.02	0.128557		4.02
4.03	ANGIOGRAPHY	56.03	0.227560		4.03
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.105644	3648	6
7	MEDICAL SUPPLIES	55	0.194318	18035	7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.222124	3944	8
8.01	PCC	61.01	0.716168		8.01
9	RADIATION THERAPY	41	0.234117		9
9.01	ULTRASOUND	41.01	0.101472		9.01
9.02	CT SCAN	41.02	0.048110		9.02
9.03	MRI	41.03	0.541798		9.03
10	OTHER ANCILLARY (SPECIFY)	59			10
11	TOTALS			19116	11

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.02
05/25/2010 10:56

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1591

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				5266352	1
2 TOTAL UNDUPLICATED DAYS				29940	2
3 AGGREGATE COST PER DIEM				175.90	3
4 UNDUPLICATED MEDICARE DAYS	29183				4
5 AGGREGATE MEDICARE COST	5133290				5
6 UNDUPLICATED MEDICAID DAYS		250			6
7 AGGREGATE MEDICAID COST		43975			7
8 UNDUPLICATED SNF DAYS	6597				8
9 AGGREGATE SNF COST	1160412				9
10 UNDUPLICATED NF DAYS		186			10
11 AGGREGATE NF COST		32717			11
12 OTHER UNDUPLICATED DAYS			507		12
13 AGGREGATE COST FOR OTHER DAYS			89181		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0062)	HOSPITAL (14-0062)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	6482839				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	24682				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18]
4.01					4.01
					NO. OF INTERNS & RESIDENTS
4.02	0.00	0.00			4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.0099				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.0247				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0346				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	0.0070				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	45380				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
	6552901				
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0062)	HOSPITAL (14-0062)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING & STORES					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING					6.05
6.06 ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
7.01 CLINICAL ENGINEERING					7.01
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
41.03 MRI					41.03
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2009 TO 12/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
100 NEW DIRECTION					100
100.01 HOME DELIVERED MEALS					100.01
100.02 PHP MEALS					100.02
100.05 RESIDENCE/ST. GEORGE CORPORATI					100.05
100.06 PRIVATE DUTY NURSING					100.06
100.07 PHYSICIAN REFERRAL CENTER					100.07
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	62.57		2.05				64.62	25
26 INTENSIVE CARE UNIT	81.25		5.51				86.76	26
33 NURSERY			4.15				4.15	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	28.30	16.72	0.83				45.85	37
38 RECOVERY ROOM	31.25	10.79	1.06				43.10	38
40 ANESTHESIOLOGY	29.54	12.23	1.06				42.83	40
41 RADIOLOGY-DIAGNOSTIC	23.83	18.83	0.80				43.46	41
41.01 ULTRASOUND	23.38	21.12	1.02				45.52	41.01
41.02 CT SCAN	22.32	18.26	1.10				41.68	41.02
41.03 MRI	32.78	11.50	2.22				46.50	41.03
44 LABORATORY	33.36	2.67	1.42				37.45	44
47 BLOOD STORING, PROCESSING & TRA	53.45	11.83	1.44				66.72	47
48 INTRAVENOUS THERAPY	25.81	30.15	0.78				56.74	48
49 RESPIRATORY THERAPY	67.58	3.00	2.44				73.02	49
50 PHYSICAL THERAPY	24.60	6.17	0.29				31.06	50
52 SPEECH PATHOLOGY	71.75	1.46	0.81				74.02	52
53 ELECTROCARDIOLOGY	39.08	16.58	1.10				56.76	53
53.01 CATH LAB	43.41	13.88	0.84				58.13	53.01
54 ELECTROENCEPHALOGRAPHY	37.91	19.47	2.22				59.60	54
55 MEDICAL SUPPLIES CHARGED TO PAT	43.40	6.16	2.07				51.63	55
56 DRUGS CHARGED TO PATIENTS	56.22	4.59	2.53				63.34	56
56.01 EMG	7.80	44.25	0.39				52.44	56.01
56.02 PULMONARY FUNCTION	10.21	37.98	0.24				48.43	56.02
56.03 ANGIOGRAPHY	63.73	12.04	1.21				76.98	56.03
57 RENAL DIALYSIS	80.01	0.50	4.79				85.30	57
60.01 OUTPATIENT PSYCH SERVICES	0.04	3.10					3.14	60.01
61 EMERGENCY	22.20	1.61	1.18				24.99	61
61.01 PCC	1.11	13.61	0.01				14.73	61.01
62 OBSERVATION BEDS (NON-DISTINCT	8.68	18.89					27.57	62
101 TOTAL CHARGES	27.97	9.51	1.05				38.53	101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	34.40		1.62				36.02 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
38 RECOVERY ROOM	0.02						0.02 38
40 ANESTHESIOLOGY	0.01						0.01 40
41 RADIOLOGY-DIAGNOSTIC	0.13						0.13 41
41.01 ULTRASOUND	0.19						0.19 41.01
41.02 CT SCAN	0.18						0.18 41.02
41.03 MRI	1.90						1.90 41.03
44 LABORATORY	0.47						0.47 44
47 BLOOD STORING, PROCESSING & TRA	0.02						0.02 47
48 INTRAVENOUS THERAPY	0.11						0.11 48
49 RESPIRATORY THERAPY	0.13						0.13 49
50 PHYSICAL THERAPY	0.29						0.29 50
52 SPEECH PATHOLOGY	0.42						0.42 52
53 ELECTROCARDIOLOGY	0.29						0.29 53
53.01 CATH LAB	0.03						0.03 53.01
54 ELECTROENCEPHALOGRAPHY	1.13						1.13 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.22						0.22 55
56 DRUGS CHARGED TO PATIENTS	0.73						0.73 56
56.01 EMG	0.46						0.46 56.01
56.02 PULMONARY FUNCTION	1.18						1.18 56.02
61 EMERGENCY	0.56						0.56 61
101 TOTAL CHARGES	0.22						0.22 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	3153456	1.15	-3153456	-2.62		3
4	NEW CAP REL COSTS-MVBLE EQUIP	8575283	3.13	-8575283	-7.11		4
5	EMPLOYEE BENEFITS	44158048	16.11	-44158048	-36.63		5
6.01	COMMUNICATIONS	648661	.24	-648661	-.54		6.01
6.02	DATA PROCESSING	5292315	1.93	-5292315	-4.39		6.02
6.03	PURCHASING & STORES	556365	.20	-556365	-.46		6.03
6.04	ADMITTING	2529863	.92	-2529863	-2.10		6.04
6.05	CASHIERING	3822256	1.39	-3822256	-3.17		6.05
6.06	ADMINISTRATIVE & GENERAL	21708784	7.92	-21708784	-18.01		6.06
7	MAINTENANCE & REPAIRS	6206893	2.26	-6206893	-5.15		7
7.01	CLINICAL ENGINEERING	673825	.25	-673825	-.56		7.01
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE	1450570	.53	-1450570	-1.20		9
10	HOUSEKEEPING	3677518	1.34	-3677518	-3.05		10
11	DIETARY	2973509	1.09	-2973509	-2.47		11
12	CAFETERIA	1011060	.37	-1011060	-.84		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2171735	.79	-2171735	-1.80		14
15	CENTRAL SERVICES & SUPPLY	3255779	1.19	-3255779	-2.70		15
16	PHARMACY	4672330	1.70	-4672330	-3.88		16
17	MEDICAL RECORDS & LIBRARY	3171971	1.16	-3171971	-2.63		17
18	SOCIAL SERVICE	849300	.31	-849300	-.70		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	38131260	13.91	39581374	32.83	77712634	28.36
26	INTENSIVE CARE UNIT	5347759	1.95	4287719	3.56	9635478	3.52
31	SUBPROVIDER I	4563121	1.67	3908448	3.24	8471569	3.09
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	22689723	8.28	13160480	10.92	35850203	13.08
38	RECOVERY ROOM	1571743	.57	1207696	1.00	2779439	1.01
40	ANESTHESIOLOGY	405416	.15	681474	.57	1086890	.40
41	RADIOLOGY-DIAGNOSTIC	7506173	2.74	6211799	5.15	13717972	5.01
41.01	ULTRASOUND	1320318	.48	960673	.80	2280991	.83
41.02	CT SCAN	2095651	.76	2384676	1.98	4480327	1.63
41.03	MRI	87217	.03	186330	.15	273547	.10
44	LABORATORY	10420543	3.80	7351569	6.10	17772112	6.48
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	2848366	1.04	691791	.57	3540157	1.29
48	INTRAVENOUS THERAPY	1654228	.60	846548	.70	2500776	.91

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
49 RESPIRATORY THERAPY	2508806	.92	2100982	1.74	4609788	1.68	49
50 PHYSICAL THERAPY	4384148	1.60	2975121	2.47	7359269	2.69	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	182444	.07	84997	.07	267441	.10	52
53 ELECTROCARDIOLOGY	2757018	1.01	2316568	1.92	5073586	1.85	53
53.01 CATH LAB	5686828	2.08	2972806	2.47	8659634	3.16	53.01
54 ELECTROENCEPHALOGRAPHY	161390	.06	103974	.09	265364	.10	54
55 MEDICAL SUPPLIES CHARGED TO PAT	3670771	1.34	2450528	2.03	6121299	2.23	55
56 DRUGS CHARGED TO PATIENTS	7267758	2.65	7863518	6.52	15131276	5.52	56
56.01 EMG	166705	.06	133906	.11	300611	.11	56.01
56.02 PULMONARY FUNCTION	107780	.04	78757	.07	186537	.07	56.02
56.03 ANGIOGRAPHY	727149	.27	425036	.35	1152185	.42	56.03
57 RENAL DIALYSIS	466505	.17	109594	.09	576099	.21	57
60.01 OUTPATIENT PSYCH SERVICES	1230169	.45	637611	.53	1867780	.68	60.01
61 EMERGENCY	6668897	2.43	6891235	5.72	13560132	4.95	61
61.01 PCC	3736641	1.36	2442182	2.03	6178823	2.25	61.01
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	9247400	3.37	4258855	3.53	13506255	4.93	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE	3630825	1.32	1616411	1.34	5247236	1.91	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	348788	.13	161272	.13	510060	.19	96
98 PHYSICIANS' PRIVATE OFFICES	778476	.28	789824	.66	1568300	.57	98
100 NEW DIRECTION	304627	.11	123740	.10	428367	.16	100
100.01 HOME DELIVERED MEALS							100.01
100.02 PHP MEALS							100.02
100.05 RESIDENCE/ST. GEORGE CORPORATIO							100.05
100.06 PRIVATE DUTY NURSING	722798	.26	506752	.42	1229550	.45	100.06
100.07 PHYSICIAN REFERRAL CENTER	95628	.03	55275	.05	150903	.06	100.07
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	274052590	100.00	0	.00	274052590	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1552257	155045336	.010012	43875425	439281	37
38 RECOVERY ROOM	97861	8989355	.010886	2808725	30576	38
40 ANESTHESIOLOGY	144792	21855046	.006625	6456083	42772	40
41 RADIOLOGY-DIAGNOSTIC	1560515	58594435	.026632	13964624	371906	41
41.01 ULTRASOUND	212291	22479044	.009444	5255906	49637	41.01
41.02 CT SCAN	800741	93127201	.008598	20785231	178711	41.02
41.03 MRI	98168	504887	.194436	165522	32183	41.03
44 LABORATORY	715045	168227184	.004250	56115428	238491	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	62679	7495676	.008362	4006603	33503	47
48 INTRAVENOUS THERAPY	45474	3173197	.014331	818953	11736	48
49 RESPIRATORY THERAPY	230628	29235249	.007889	19757381	155866	49
50 PHYSICAL THERAPY	258214	19900409	.012975	4894613	63508	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	3785	1158655	.003267	831360	2716	52
53 ELECTROCARDIOLOGY	296594	39168116	.007572	15308587	115917	53
53.01 CATH LAB	458981	31363353	.014634	13615859	199254	53.01
54 ELECTROENCEPHALOGRAPHY	14854	1149127	.012926	435644	5631	54
55 MEDICAL SUPPLIES CHARGED TO PAT	257104	31501469	.008162	13670691	111580	55
56 DRUGS CHARGED TO PATIENTS	276002	47878345	.005765	26919256	155190	56
56.01 EMG	7246	1470108	.004929	114620	565	56.01
56.02 PULMONARY FUNCTION	12848	1451009	.008855	148092	1311	56.02
56.03 ANGIOGRAPHY	121723	5063220	.024041	3226826	77576	56.03
57 RENAL DIALYSIS	15052	1255225	.011991	1004341	12043	57
OUTPATIENT SERVICE COST CENTERS						
60.01 OUTPATIENT PSYCH SERVICES	21388	2928312	.007304	1064	8	60.01
61 EMERGENCY	603051	61047690	.009878	13552598	133873	61
61.01 PCC	216061	8627621	.025043	95589	2394	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	133629	6123642	.021822	531406	11596	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	8216983	828812911		268360427	2477824	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	2894511		2894511	77806	37.20	48686	1811119 25
26	INTENSIVE CARE UNIT	313890		313890	5627	55.78	4572	255026 26
101	TOTAL	3208401		3208401			53258	2066145 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2066145	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2477824	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							4543969	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							10648	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							53258	
PER DISCHARGE CAPITAL COSTS							426.74	
PER DIEM CAPITAL COSTS							85.32	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	103439853
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	339088995
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.305

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	3326156
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	5781007
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.575

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	4543969
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.013

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	17428533
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	90031068
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.194